

P96000101111

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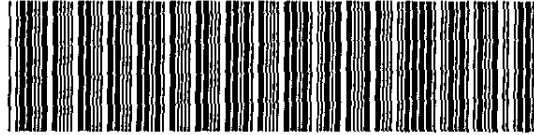
(Business Entity Name)

(Document Number)

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05 APR 11 PM 2:53  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

*Gr. Amari*

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: A CARING MEDICAL SUPPLY CENTER, INC.

DOCUMENT NUMBER: P96000 10 1111

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

THERESA MARIE WIDIE

(Name of Contact Person)

A CARING MEDICAL SUPPLY CENTER, INC.

(Firm/ Company)

2695 N. MILITARY TRAIL #20

(Address)

WEST PALM BEACH FL 33409

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

THERESA MARIE WIDIE

(Name of Contact Person)

at (

561 ) 683-2999

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

Articles of Amendment  
to  
Articles of Incorporation  
of

A CARING MEDICAL SUPPLY CENTER, INC

(Name of corporation as currently filed with the Florida Dept. of State)

P96000 10 1111

(Document number of corporation (if known))

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 APR 11 PM 2:53

FILED

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**NEW CORPORATE NAME (if changing):**

N/A

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")  
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

THERESA MARIE WIBLE IS TO BE REMOVED AS REGISTERED  
AGENT, PRESIDENT SECRETARY AND TREASURER. THE NEW  
OWNERS ARE ABU NASIR AHMED AND MAHBUBA AHMED.  
MR. ABU NASIR AHMED IS THE REGISTERED AGENT.  
MR. ABU NASIR AHMED IS THE PRESIDENT OF A CARING  
MEDICAL SUPPLY CENTER INC AND MAHBUBA AHMED  
IS THE SECRETARY AND TREASURER.

THERESA MARIE WIBLE

1407 Beta Court N.

WPB FL-33406

ABU NASIR AHMED & MAHBUBA AHMED

1040 HOMELAND BLVD APT # L202  
DELRAY BEACH, FL-33445

SAME ADDRESS

Abu Nasir Ahmed. mahbuba Ahmed.

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment(s) adoption: 11/12/04

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval by  
N/A"  
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 10<sup>th</sup> day of FEBRUARY, 2005.

Signature Abu Nasir Ahmed

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

ABU NASIR AHMED

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

**FILING FEE: \$35**