P98000031086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PS 9/1/05

~~L05-39732~~

RCJ

~~P98-31086~~

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

August 4, 2005

DONALD PAGE
S. FLORIDA MEDICAL SUPPLY, INC.
4900 LINTON BLVD, SUITE 26
DELRAY BEACH, FL 33445

SUBJECT: S. FLORIDA MEDICAL SUPPLY, INC.
Ref. Number: P98000031086

We have received your document for S. FLORIDA MEDICAL SUPPLY, INC. and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

The amendment must be adopted in one of the following manners:

(1)**If an amendment was approved by the shareholders, one of the following statements must be contained in the document.**
(a)A statement that the number of votes cast for the amendment by the shareholders was sufficient for approval, -or-
(b)If more than one voting group was entitled to vote on the amendment, a statement designating each voting group entitled to vote separately on the amendment and a statement that the number of votes cast for the amendment by the shareholders in each voting group was sufficient for approval by that voting group.

(2)**If an amendment was adopted by the incorporators or board of directors without shareholder action.**
(a)A statement that the amendment was adopted by either the incorporators or board of directors and that shareholder action was not required.

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Pamela Smith
Document Specialist

Letter Number: 605A00050362

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

August 23, 2005

DONALD PAGE
S. FLORIDA MEDICAL SUPPLY, INC.
4900 LINTON BLVD, SUITE 26
DELRAY BEACH, FL 33445

SUBJECT: S. FLORIDA MEDICAL SUPPLY, INC.
Ref. Number: P98000031086

We have received your document for S. FLORIDA MEDICAL SUPPLY, INC. and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Pamela Smith
Document Specialist

Letter Number: 405A00053393

Note: ~~Bee~~ The 2 forms behind this one were downloaded. I also used a very fine pen that skips, so. I used blue. (PF)

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: South Florida Medical Supply

DOCUMENT NUMBER: P98000031086

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

Please return all correspondence concerning this matter to the following:

Donald Page or Richard Frisch
(Name of Contact Person)

South Florida Medical Supply, Inc.
(Firm/ Company)

4900 Linton Blvd Suite 26
(Address)

Delray Beach, FL 33445
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Richard J. Frisch, V.P. at (561) 252-9540
(Name of Contact Person) (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

Idress
ient Section
of Corporations
Gaines Street
see, FL 32399

Articles of Amendment
to
Articles of Incorporation
of

FILED
05 AUG 31 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. Florida Medical Supply, Inc.
(Name of corporation as currently filed with the Florida Dept. of State)

P98000031086
(Document number of corporation (if known)

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):

South Florida Medical Supply, Inc.
(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)

* The change was ~~adopted~~ made by all shareholders on January 3rd, 2005 giving Donald Page sole authority to sign for this activity.

(Attach additional pages if necessary)

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)

N/A

(continued)

The date of each amendment(s) adoption: 01/3/05

Effective date if applicable: 01/3/05
(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 _____."
(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 27th day of July, 2005.

Orig Signature

Signature _____
(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)

Donald Page
(Typed or printed name of person signing)

President
(Title of person signing)

FILING FEE: $35