

P99000039728

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

900002960649--9

-08/16/99--01086--018

*****35.00 *****35.00

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. M G MEDICAL SUPPLIES, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☐ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
99 AUG 17 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REMOVED

99 AUG 16 11:11:46

C. COULLETTE AUG 17 1999

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

August 16, 1999

LAZARUS

TALLAHASSEE, FL

SUBJECT: M G MEDICAL SUPPLIES, INC.
Ref. Number: P99000039728

We have received your document for M G MEDICAL SUPPLIES, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The incorporator(s) cannot be amended or changed. Please correct your document accordingly.

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) 487-6903.

Cheryl Coulliette
Document Specialist

Letter Number: 699A00041196

RECEIVED
AUG 17 PM 3:35
THE
SECRETARY OF
STATE
TALLAHASSEE, FL
32314

**ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF**

M G MEDICAL SUPPLIES, INC.

Doc # P99000039728
(present name)

Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)

ARTICLE II.-AMENDMENT TO :THE PRINCIPAL PLACE OF
BUSINESS OF THE CORPORATION IS:

6555 N.W. 36 ST. STE # 317

MIAMI, FL. 33166

ARTICLE IV.-AMENDMENT TO NAMES AND ADDRESS OF THE
REGISTERED AGENT

NANETTE TORRENTE LLERENA

9105 SW. 192 TERR.

MIAMI, FL 33018

ARTICLE V.-AMENDMENT TO BOARD OF DIRECTOR

NANETTE TORRENTE LLERENA

9105 NW 192 TERR

MIAMI, FL 33018

FILED
99 AUG 17 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of florida.

1.-The name of the corporation is: M G MEDICAL SUPPLIES, INC.

2.-The name and address of the registered agent and office is:

NANETTE TORRENTE LLERENA

(NAME)

9105 N. W. 192 TERR

(P.O. BOX NOT ACCEPTABLE)

MIAMI, FL 33018.

(CITY/STATE/SIP)

SIGNATURE 

(Corporate Officer)

TITLE PRESIDENT

DATE 08/13/99

Having been named as Registered Agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position, as Registered Agent.

SIGNATURE 

DATE 08/13/99

THIRD: The date of each amendment's adoption: 8-13-99

FOURTH: Adoption of Amendment(s) (check one)

☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) 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 13 day of AUGUST, 1999

Signature X 

(By the Chairman or Vice Chairman of the Board of Directors,
President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

NANETTE TORRENTE LLERENA

Typed or printed name

PRESIDENT

this