

P99000039728

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LAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

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MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

500002980945--1

-09/08/99--01064--015

*****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. *Amend*

(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

FILED
99 SEP -8 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

*00789,
00524,00672

Examiner's Initials

ASR
9/8/99



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

September 8, 1999

Lazarus Corporate Filing Service, Inc.
3320 S.W. 87th Avenue
Miami, FL

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

We have received your document for M G MEDICAL SUPPLIES, 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):

Please check one of the boxes in paragraph four.

If you have any questions concerning the filing of your document, please call (850) 487-6907.

Annette Ramsey
Corporate Specialist

Letter Number: 099A00044426

RECEIVED
99 SEP - 8 PM 3:34
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 09/08/99

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF

69 SEP -8 PM 4:18
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M.G. Medical Supplies, Inc.

(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 IV. - AMENDMENT TO NAMES AND ADDRESS OF THE
REGISTERED AGENT ANGELA CARVAJAL
6555 N.W. 36 Street Ste#317
Miami, Florida 33166

ARTICLE V. - AMENDMENT TO - BOARD OF DIRECTOR
ANGELA CARVAJAL (P)
6555 N.W. 36 Street Ste# 317
Miami, Florida 33166

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:

THIRD: The date of each amendment's adoption: 8-24-99.

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 _____ day of _____, 19____.

Signature ☒

(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

DIRECTOR

Title

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

☒ Angela Canales

9/7/99

DATE