V49577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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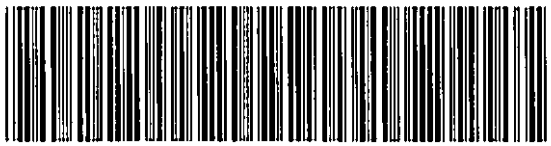

600317570516

Charter Number Only V49577

LOCAL REPRESENTATIVE (TALLAHASSEE) 385-6735

VALIDATION ONLY

LAZARUS CORPORATE INDUSTRIES, INC.
Requestor's Name

890 S.W. 87 AVE #16
Address

MIAMI, FLORIDA 33174 (305) 552-5973
City State ZIP Phone

CORPORATION(S) NAME

DADE Medical, INC.

(X) Profit
( ) Non-Profit
( ) Amendment
( ) Merger
( ) Foreign
( ) Dissolution
( ) Merk
( ) Limited Partnership
( ) Annual Report
( ) Other
( ) Reinstatement
( ) Reservation
( ) Change of Registered Agent
(X) Certified Copy
( ) Photo Copies
( ) Certificate Under Seal
( ) Call When Ready
( ) Call If Problem
( ) After 4:30
(X) Walk In
( ) Will Wait
(+) Pick Up
( ) Mail Out

8.30

Name Availability	CG 7/10
Document Examining	CG /A
Updating	
Verifying	
Acknowledgment	
W.P. Number	

ARTICLES OF INCORPORATION

OF

DADE MEDICAL., INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

FILED
93 JUL 10 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

DADE MEDICAL ., INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

931 S.W. 122nd. Avenue.
Miami, Florida. 33184-2406.

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

(500) Five-Hundred.

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Jorge A. Pereda.
14951 S.W. 88th. Terrace.
Miami, Florida. 33196.

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Jorge A. Pereda.
14951 S.W. 88th. Terrace.
Miami, Florida. 33196. PRESIDENT.

Ana M. Pereda.
14951 S.W. 88th. Terrace.
Miami, Florida. 33196. VICE_PRESIDENT.

The undersigned has(have) executed these Articles of Incorporation this

(8th) Eighth, day of July., 19 92.

Signature/Title PRESIDENT.

Signature/Title VICE-PRESIDENT.

Signature/Title

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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: DADE MEDICAL., INC.

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

JORGE A. PEREDA.
(P.O. BOX NOT ACCEPTABLE)

14951 S.W. 88th. Terrace. Miami, Florida. 33196.
(CITY/STATE/ZIP)

FILED
92 JUL 10 PM 12:55

SIGNATURE _____
(corporate officer)

TITLE PRESIDENT.

DATE July, 8th. 1992.

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE _____

DATE July, 8th. 1992.

File Now. Filing Fee after May 1 is $200.00

CORPORATION ANNUAL REPORT 1993

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
1993 MAY -1 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name and Mailing Address of Corporation **DOCUMENT # V49577 (2)**

DADE MEDICAL., INC.
931 SW 122ND AVE
MIAMI FL 33184-2406

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2

3. Date Incorporated or Qualified: **07/10/1992**	3a. Date of Last Report: **10/06/1992**
4. FEI Number: **65-0346693.**	Applied For / Not Applicable
5. Certificate of Status Desired ☒	$8.75
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	**$138.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

FILING FEE $200.00 — **ANNUAL REPORT $61.25 + $138.75 CORPORATION SUPPLEMENTAL FEE** — **MAKE CHECK PAYABLE TO DEPARTMENT OF STATE**

2. Mailing Address	2a. Principle Place of Business
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

~~PEREDA, JORGE A.~~
~~14951 SW 80TH TERR~~
~~MIAMI FL 33196~~

10. Name and Address of New Registered Agent

81 Name: Teresita C. Morales.
82 Street Address (P.O. Box Number is Not Acceptable): 255 N.W. 128th. Avenue.
83
84 City: Miami, 85 Zip Code: FL 33182 86 County: DADE.

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above named [illegible] for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the [illegible]
I hereby accept the appointment as registered agent [illegible] and accept the obligations of Section [illegible], Florida Statutes.

SIGNATURE X *Teresita Morales* DATE April, 25th.1993.
Registered Agent & Certify Statement

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS CHANGES	
1.1 TITLE	President.	TITLE	
1.2 NAME	Teresita C. Morales.	NAME	
1.3 ADDRESS	255 N.W. 122nd. Avenue.	ADDRESS	
1.4 CITY, ST, ZIP	~~Miami, Florida. 33182-1123.~~	CITY, ST, ZIP	
2.1 TITLE	Vice President.	TITLE	
2.2 NAME	Gilbert David Morales.	NAME	
2.3 ADDRESS	255 N.W. 128th. Avenue.	ADDRESS	
2.4 CITY, ST, ZIP	~~Miami, Florida. 33192-1123.~~	CITY, ST, ZIP	
3.1 TITLE		TITLE	
3.2 NAME		NAME	
3.3 ADDRESS		ADDRESS	
3.4 CITY, ST, ZIP		CITY, ST, ZIP	
4.1 TITLE		TITLE	
4.2 NAME		NAME	
4.3 ADDRESS		ADDRESS	
4.4 CITY, ST, ZIP		CITY, ST, ZIP	
5.1 TITLE		TITLE	
5.2 NAME		NAME	
5.3 ADDRESS		ADDRESS	
5.4 CITY, ST, ZIP		CITY, ST, ZIP	
6.1 TITLE		TITLE	
6.2 NAME		NAME	
6.3 ADDRESS		ADDRESS	
6.4 CITY, ST, ZIP		CITY, ST, ZIP	

14. I certify that the information indicated on this annual report or supplemental annual report is true and accurate [illegible] I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to [illegible] Statutes, and that my name appears in Block 12, Block 13 if changed, or on an attachment with an address [illegible]

SIGNATURE X *Teresita Morales* DATE April, 25th.1993.

Print/Type Name of Signing Officer or Director	Title	Daytime Telephone Number
Teresita C. Morales.	President,	(305) 225-4696.

File Now. Filing Fee after May 1 is $200.00

CORPORATION ANNUAL REPORT 1993

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
1993 MAY -1 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name and Mailing Address of Corporation **DOCUMENT # V49577 (2)**

DADE MEDICAL., INC.
931 SW 122ND AVE
MIAMI FL 33184-2406

If above mailing address is incorrect, draw line through incorrect information and enter correction in Block 2.

3. Date Incorporated or Qualified	07/10/1992
3a. Date of Last Report	10/08/1992
4. FEI Number	65-0346693.
	Applied For / Not Applicable

FILING FEE $200.00	ANNUAL REPORT $61.25 + $138.75 CORPORATION SUPPLEMENTAL FEE — MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

2. Mailing Address (21)	2a. Principle Place of Business (26)
Suite, Apt. # etc. (22)	Suite, Apt. # etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

5. Certificate of Status Desired ☒ — $8.75
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $138.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

~~PEREDA, JORGE A.~~
~~14851 SW 88TH TERR~~
~~MIAMI FL 33196~~

10. Name and Address of New Registered Agent

81 Name	Teresita C. Morales.
82 Street Address (P.O. Box Number is Not Acceptable)	255 N.W. 128th. Avenue.
83	
84 City	Miami,
85 Zip Code	FL 33182
86 County	DADE.

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the board of directors. I hereby accept the appointment as registered agent, I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE X *Teresita Morales* (Registered Agent Accepting Appointment) DATE April, 25th.1993.

12. OFFICERS AND DIRECTORS

1.1 TITLE	President.
1.2 NAME	Teresita C. Morales.
1.3 ADDRESS	255 N.W. 122nd. Avenue.
1.4 CITY ST ZIP	~~Miami, Florida. 33182-1123.~~
2.1 TITLE	Vice President.
2.2 NAME	Gilbert David Morales.
2.3 ADDRESS	255 N.W. 128th. Avenue.
2.4 CITY ST ZIP	~~Miami, Florida. 33162-1123.~~
3.1 TITLE	
3.2 NAME	
3.3 ADDRESS	
3.4 CITY ST ZIP	
4.1 TITLE	
4.2 NAME	
4.3 ADDRESS	
4.4 CITY ST ZIP	
5.1 TITLE	
5.2 NAME	
5.3 ADDRESS	
5.4 CITY ST ZIP	
6.1 TITLE	
6.2 NAME	
6.3 ADDRESS	
6.4 CITY ST ZIP	

13. OFFICERS AND DIRECTORS CHANGES

TITLE	
NAME	
ADDRESS	
CITY ST ZIP	

14. I certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12, Block 13 if a change, or on an attachment with an address, with all other like empowered.

SIGNATURE X *Teresita Morales* DATE April, 25th.1993.

Print, Type Name of Signing Officer or Director	Titles	Daytime Telephone Number
Teresita C. Morales.	President.	(305) 225-4696.

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

ANNUAL REPORT

1994

APPROVED

DOCUMENT #

V49577 (2)

1. DADE MEDICAL, INC.

831 SW 122ND AVE.
MIAMI FL 33184-2408

831 SW 122ND AVE.
MIAMI FL 33184-2408

3. 07/10/1992 3a. 05/01/1993

4. 65-0346893

5. $8.75

7. $5.00

9. Name and Address of Current Registered Agent

MORALES TERESITA C
255 NW 128TH AVE
MIAMI FL 33182

10. Name and Address of New Registered Agent

FL

11. Teresita Morales

12.

P
MORALES TERESITA C.
255 NW 122ND AVE.
MIAMI FL
V/P
MORALES GILBERT DAVID
255 NW 128H AVE.
MIAMI FL

13.

14.

SIGNATURE: [signature]

02-10-94. (305) 227-7828

CORPORATION ANNUAL REPORT 1995

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 MAY -1 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V49577 (2)

1. Corporation Name

DADE MEDICAL, INC.

Principal Place of Business: 101 SW 122ND AVE. MIAMI FL 33184-2405

Mailing Address: 101 SW 122ND AVE. MIAMI FL 33184-2405

3. Date Incorporated: 07/10/1992 — 3a. 02/16/1994

4. FEI Number: 65-0346693

5. Certificate of Status Desired ✓ — $8.75 Additional Fee Required

6. $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199 ... Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business / 2a. Mailing Address: 21, 26, Suite, Apt. #: 22, 27, City & State: 23, 28, Zip: 24, 29, Country: 25, 30

9. Name and Address of Current Registered Agent

MORALES TERESITA C
255 NW 128TH AVE
MIAMI FL 33182

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	MORALES, TERESITA C.
STREET ADDRESS	255 NW 122ND AVE.
CITY-ST-ZIP	MIAMI FL
TITLE	VP
NAME	MORALES, GILBERT DAVID
STREET ADDRESS	255 NW 128H AVE.
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

(empty)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 04-28-95 (305) 227-7828

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

V49577

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301. (904)224-8870
Mailing Address Post Office Box 10349, Tallahassee, FL 32302
TOLL FREE No. 1-800-342-8062
FAX (904) 222-1222

No. 52280

RE: Dade Medical, Inc.

NAME _____
FIRM _____
ADDRESS _____
_____
_____
PHONE ( ) _____

Service: Top Priority _____ Regular _____
One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee $ _____ Oth $ _____

	C.C. FEE.	DISBURS
___ Capital Express**		
___ Art. of Inc. File		
___ Corp. Record Search		
___ Ltd Partnership File		
___ Foreign Corp. File		
✓ ( ) Cert. Copy(s)		
___		
✓ Art. of Amend. File		
___ Dissolution/Withdrawal		
___ C U S		
___ Fictitious Name File		
___		
___ Name Reservation		
___ Annual Report/Reinstatement		
___ Reg. Agent Service		
___ Document Filing	800001786788 -02/05/96-01101-002 35.00	35.00
___		
___ Corporate Kit		
___ Vehicle Search		
___ Driving Record		
___ Document Retrieval		
___		
___ UCC 1 or 3 File		
___ UCC 11 Search		
___ UCC 11 Retrieval		
___ ___ File No's. ___ Copies		
___ Courier Service ___		
___ Shipping/Handling		
___ Phone ( )		
___ Top Priority		
___ Express Mail Prep.		
___ FAX ( ) pgs.		
___		
SUBTOTALS		

FILED
96 FEB 5 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
96 FEB 5 PM 4:57
DIVISION OF CORPORATION

Per phone call:
Signer is also a
Director

N. HENE... FEB - 5 1996

	FEE	DISBURSED	SURCHARGE	TAX on corporate supplies	SUBTOTAL	PREPAID	BALANCE DUE
	$	$	$	$	$	$	$

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE			
TIME			CK No.
BY	MC		

WALK-IN / Will Pick Up 35 4.00

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% per month on Past Due Amounts
Past 30 Days. 18% per Annum.

THANK YOU
from
Your Capital Connection

ARTICLES OF AMENDMENT

TO

ARTICLES OF INCORPORATION

OF

FILED

96 FEB -5 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DADE MEDICAL, INC.

(present name)

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

FIRST: Amendment(s) adopted: Article II: The principal place of business and mailing address of this corporation shall be: 6303 Blue Lagoon Drive, Suite 310, Miami, Florida 33126; Article IV: the name and address of the registered agent is: James Taylor, 2401 Collins Ave., Apt. 1802, Miami Beach, Florida 33140; We are adding Article VI to read as follows: The officers of the corporation are: James Taylor, President, 2401 Collins Avenue, Apt. 1802, Miami Beach, Florida 33140, and Gino Lama, Vice-President, 10863 N.W. 7th Street, Suite No. 24,Miami, Florida 33172.
See second page for addition amendment*

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: 1/31/96.

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

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

___ **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 unanimous
(voting group).

(continued)

Signed this 31st day of January, 19. 96.

DADE MEDICAL, INC.

(Corporation Name)

By _____

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

(A director or incorporator if adopted by the directors or incorporators)

G. David Morales

(Typed or printed name)

Chairman of the Board, Director

(Title)

*We are adding Article VII to read as follows: The Directors of the Corporation are: James Taylor, 2401 Collins Avenue, Apt. 1802, Miami Beach, Florida 33140 and Gino Lama, 10853 N.W. 7th Street, Suite No. 24, Miami, Florida 33172.

V49 577

CAPITAL CONNECTION, INC.
417 E. Virginia St., Suite 1, Tallahassee, FL 323__, (904)224-__70
Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
TOLL FREE No. 1-800-342-8062
FAX (904) 222-1222

NAME ______
FIRM ______
ADDRESS ______

PHONE (   ) ______

Service: Top Priority ____ One Day Service   Regular ____ Two Day Service

To us via ______ Return via ______

Matter No.: ______ Express Mail No. ______

State Fee $ ______ Our $ ______

AMEND
PRG
3/15

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE			
TIME	AC		CK No.
BY			

WALK-IN / Will Pick Up 3/15 11:00

___ of ___ 52626

RE: Dade Medical Inc

	C.C. FEE.	DISBURSED
Capital Express		
Art. of Inc. File		
Corp. Record Search		
Ltd. Partnership File		
✓ Foreign Corp. File		
✓ ( ) ~~Cert. Copy(s)~~	800001724918	
	03/15/96--01052--015	
✓ Art. of Amend. File	*****35.00	*****35.00
Dissolution/Withdrawal		
C U S-		
Fictitious Name File		
Name Reservation		
Annual Report/Reinstatement		
Reg. Agent Service		
Document Filing		
Corporate Kit		
Vehicle Search		
Driving Record		
Document Retrieval		
UCC 1 or 3 File		
UCC 11 Search		
UCC 11 Retrieval		
___ File No.'s, ___ Copies		
Courier Service		
Shipping/Handling		
Phone ( )		
Top Priority		
Express Mail Prep.		
FAX ( ) pgs.		
SUBTOTALS		

MAR 15 PM 2:05

FEE	$
DISBURSED	$
SURCHARGE	$
TAX on corporate supplies	$
SUBTOTAL	$
PREPAID	$
BALANCE DUE	$
	$

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% per month on Past Due Amounts
Past 30 Days, 18% per Annum

THANK YOU from Your Capital Connection

ARTICLES OF AMENDMENT

TO

ARTICLES OF INCORPORATION

OF

DADE MEDICAL, INC.

(present name)

96 MAR 15 PM 2:05

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

FIRST: Amendment(s) adopted:

Article VI: The officers of the Corporation are: James Taylor, President, 2401 Collins Avenue, Apt. 1802, Miami Beach, Florida 33140 and Claudia Lama, Vice-President, 9962 S.W. 4th Street, Miami, Florida 33174; Article VII: The Directors of the Corporation are James Taylor, 2401 Collins Avenue, Apt. 1802, Miami Beach, Florida 33140 and Claudia Lama, 9962 S.W. 4th Street, Miami, Florida 33174.
Article II: The principal place of business and mailing address of this corporation shall be 2801 N.W. 74th Avenue, Suite #209, Miami, Florida 33122.

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: 3/14/96.

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

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

___ 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 unanimous decision
(voting group)

(continued)

Signed this 14th day of March, 19 96.

Dade Medical, Inc.
(Corporation Name)

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

(A director or incorporator if adopted by the directors or incorporators)

James Taylor
(Typed or printed name)

Chairman of the Board of Directors
(Title)

V49577

95 JUL 31 [illegible]

Requestor's Name

Dade Medical Inc
PO Box 521834
Miami, Fl. 33132

Office Use Only

EIN(S), (if known):

1. _____ (Corporation Name) _____ (Document #) 500001500475
-07/31/96--01014--015
*****35.00 *****35.00

2. _____ (Corporation Name) _____ (Document #)

3. _____ (Corporation Name) _____ (Document #)

4. _____ (Corporation Name) _____ (Document #)

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

	NEW FILINGS
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

	AMENDMENTS
X	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

N. HENDRICKS AUG 6 1996

Examiner's Initials	

CR2E031(1/95)

ARTICLES OF AMENDMENT

TO

ARTICLES OF INCORPORATION

OF

DADE MEDICAL, INC.

(present name)

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

FIRST: Amendment(s) adopted:

Article VI: The sole officer of the corporation is: Claudia Lama, President, 9962 S.W 4th Street, Miami, Florida 33174; Article VII: The sole Director of the Corporation is Clauda Lama, 9962 S. W. 4th Street, Miami, Florida 33174.

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: July 29, 1996.

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

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

__ **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 unanimous decision.
(voting group)

(continued)

Signed this 29th day of July, 19, 96

DADE MEDICAL, INC.
(Corporation Name)

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

(A director or incorporator if adopted by the directors or incorporators)

Claudia Lama
(Typed or printed name)

President, Chairman of the Board of Directors
(Title)

V49577

DADE MEDICAL, INC.

MINORCA PLAZA
931 SW 122nd Ave
City Miami, FL 33184

000001935590
-08/29/96--01039--005
*****35.00 *****35.00
Office Use Only

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

1. _____ (Corporation Name) _____ (Document #)

2. _____ (Corporation Name) _____ (Document #)

3. _____ (Corporation Name) _____ (Document #)

4. _____ (Corporation Name) _____ (Document #)

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

	NEW FILINGS
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/ Director
✓	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

Examiner's Initials	

CR2E031(1/95)

Florida Department of State, Sandra B. Mortham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida *submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation is: Dade Medical Inc.

2. The mailing address of the corporation is: 2801 N.W. 74 Ave Suite #209 Miami, FL. 33122

3. Date of incorporation/qualification: 7/10/92 Document number: V49527

4. The name and address of the current registered agent and office:

James M Taylor
2801 N.W. 74 Ave #209
Miami, FL. 33122

5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

Claudia Lama
2801 N.W 74 Ave #209
Miami, FL. 33122

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Claudia Lama — 8/27/96
(Signature of an officer, chairman or vice chairman of the board) (Date)

Claudia Lama (President)
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Claudia Lama — 8/27/96
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

Claudia LAMA
(Typed or Printed Name)

(Capacity)

CR2E045(1/95)

FILING FEE: $35.00