

**2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Oct 12, 2006  
Secretary of State**

DOCUMENT# L05000104241

**Entity Name:** CONTINENT OSTOMY PORT SYSTEMS, LLC

**Current Principal Place of Business:**

1886 SOUTH 14TH STREET, SUITE 6  
FERNANDINA BEACH, FL 32034

**New Principal Place of Business:**

**Current Mailing Address:**

1886 SOUTH 14TH STREET, SUITE 6  
FERNANDINA BEACH, FL 32034

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ZASSI MEDICAL EVOLUTIONS, INC.  
1886 SOUTH 14TH STREET, SUITE 6  
FERNANDINA BEACH, FL 32034    US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PETER VON DYCK

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:                      MGRM                      ( ) Change (X) Addition  
Name:                      ZASSI MEDICAL EVOLUT, IONS OPERATING , LLC  
Address:                      1886 SOUTH 14TH STREET, SUITE 6  
City-St-Zip:                      FERNANDINA BEACH, FL 32034

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PETER VON DYCK

PR

10/12/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date