

P95000068006

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■ Also admitted in Virginia
■ Also admitted in the District
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April 21, 2005

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: HSV Laboratories, Inc.

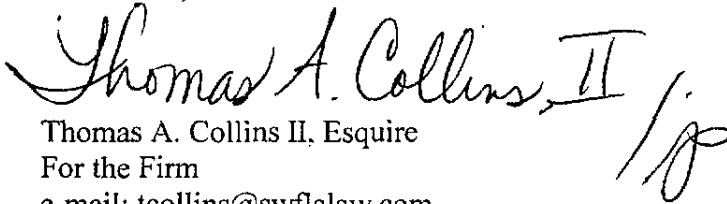
Gentlemen:

Enclosed please find a Statement of Change of Registered Office or Registered Agent or Both for Corporations for HSV Laboratories, Inc., along with a check in the amount of \$35.00 representing the filing fee.

Thank you for your kind attention to this matter.

Sincerely,

TREISER, COLLINS & VERNON



Thomas A. Collins II, Esquire
For the Firm
e-mail: tcollins@swflalaw.com
TAC/js
Enclosure

**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,
this statement of change is submitted for a corporation organized under the laws of the State of
Florida in order to change its registered office or registered agent, or both, in the State
of Florida.

1. The name of the corporation: HVS Laboratories, Inc.
2. The principal office address: 3663 Arnold Avenue
Naples, FL 34104
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 08/30/95 Document number: P9500068008

5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

Allen M. Kratz
3663 Arnold Avenue
Naples, FL 34104

6. The name and street address of the new registered agent (if changed) and /or registered office (if
changed):

Valerie Kratz
3663 Arnold Avenue
(P.O. Box or personal mailbox NOT acceptable)
Naples, FL 34104

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, or the corporation has been notified in writing of the change.

X 
(Signature of an officer, chairman or vice chairman of the board)

Valerie Kratz, President
(Printed or typed name and title)

*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. Or, if this document is being filed merely to reflect a change in the registered
office address, I hereby confirm that the corporation has been notified in writing of this change.*

X 
(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

***** FILING FEE: \$35.00 *****

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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TALLAHASSEE, FLORIDA