2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 05, 2006
Secretary of State

DOCUMENT# L05000064522

Entity Name: PHYSIOMEDICS MANUFACTURING, LLC

Current Principal Place of Business:

15320 MINNETONKA BLVD., SUITE 104
MINNETONKA, MN 55345

New Principal Place of Business:

Current Mailing Address:

15320 MINNETONKA BLVD., SUITE 104
MINNETONKA, MN 55345

New Mailing Address:

FEI Number: 20-2996230 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JOSEFSON, MARK L
3661 WILD PINES DRIVE, SUITE A307
BONITA SPRINGS, FL 34134 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: MARK L. JOSEFSON

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: JOSEFSON, MARK L
Address: 15320 MINNETONKA BLVD., SUITE 104
City-St-Zip: MINNETONKA, MN 55345

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MARK L. JOSEFSON MGR 10/05/2006

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