2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000064522

Entity Name: PHYSIOMEDICS MANUFACTURING, LLC

FILED Jul 10, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

15320 MINNETONKA BLVD., SUITE 104 15105 MINNETONKA INDUSTRIAL ROAD MINNETONKA, MN 55345

SUITE 225

MINNETONKA, MN 55345

Current Mailing Address: New Mailing Address:

15320 MINNETONKA BLVD., SUITE 104 15105 MINNETONKA INDUSTRIAL ROAD MINNETONKA, MN 55345

SUITE 225

MINNETONKA, MN 55345

FEI Number: 20-2996230 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

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

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:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: (X) Change () Addition () Delete

JOSEFSON, MARK L JOSEFSON, MARK L Name: Name:

Address: 15320 MINNETONKA BLVD., SUITE 104 Address: 15105 MINNETONKA INDUSTRIAL RD., SUITE 225

City-St-Zip: MINNETONKA, MN 55345 City-St-Zip: MINNETONKA, MN 55345

I hereby certify that the information supplied with this filing does not qualify 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 07/10/2008