

DOCUMENT# L09000078936

Entity Name: ALPHA MEDICAL INNOVATIONS, L.L.C.

New Principal Place of Business:**Current Mailing Address:****New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FBI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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:

Electronic Signature of Registered Agent

Date _____

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: ABDO, PETER A
Address: 14 VICTORIA SQUARE
City-St-Zip: LONDON, SW1 W0RA, ENGLAND, XX

I hereby 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 A. ABDO

MGR

02/28/2010

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