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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN WASILAK

Electronic Signature of Signing Officer/Director Detail

SIGNATURE:

Ti Na Ac

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	P/T	Title	S/VP
Name	WASILAK, JOHN S	Name	WASILAK, DIANNE M
Address	3912 SCARBOROUGH COURT	Address	3912 SCARBOROUGH COURT
City-State-Zip:	CLERMONT FL 34711	City-State-Zip:	CLERMONT FL 34711

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.

CLERMONT, FL 34711 **Current Mailing Address:**

Entity Name: WASILAK MEDICAL, INC.

Current Principal Place of Business:

3912 SCARBOROUGH COURT CLERMONT, FL 34711 US

FEI Number: 75-3001898

3912 SCARBOROUGH COURT

Name and Address of Current Registered Agent:

OWENS, JACK E 2731 SILVER STAR ROAD ORLANDO, FL 32808 US

Certificate of Status Desired: No

04/30/2013

Date

Date

FILED Apr 30, 2013 Secretary of State CC8076914628

PRESIDENT