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I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further	SEBRIJ Porsuent b or register familar with 1 ADDRESS S1 ZIP 1 ADDRESS \$1 ZIP	NG FL 33870 to the provisions of Sections 607.0502 ed agent, or both, in the State of Floric In, and accept the obligations of, Section OFFICERS AND PD SCHUMACHER, C.R. 523 PEAR ST. SEBRING FL. VD ANDREWS, EMMETT 523 PEAR ST. SEBRING FL. SD HARSHMAN, WALTER E. 523 PEAR ST. SEBRING FL. S WOLCOTT, JANE (ASST) 523 PEAR ST. SEBRING FL. TD KOCH, LOUISE 523 PEAR ST.	Ia. Such change was authori on 607.0505, Florida Statute a di tilo il agnicano (h) DIRECTORS DELETE DELETE DELETE DELETE	B4 tes, the above- zed by the corp s. DTE: Projetered Age 13. 1 1 TITLE 1 2 NAME 1.3 STREE 1.4 CITY- 2 1 TITLE 2 2 NAME 2 3 STREE 2 4 CITY- 3 1 TITLE 3 2 NAME 3 3 STREE 3 4 CITY- 4 1 TITLE 4 2 NAME 4 3 STREE 4 4 CITY- 5 1 TITLE 5 2 NAME 5 3 STREE 5 4 CITY- 6 1 TITLE	City Inamed corporation's boar Inamed corpor	ard of directors. Thereby accept the app ed when reinstalling)	rpose of ch ointment as INATE ICERS ANE		egistered offic l'agent. I am DRS IN 12 Addition Addition
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