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Florida Department of State
Division of Corporations
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From:

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TALLAHASSEE, FLORIDA

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REGISTERED AGENT CHANGE

DOLPHIN MEDICAL, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$87.50

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dolphin Medical, Inc.
(Name of corporation)

DOCUMENT NUMBER: F02000001431

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Erin Mercado
(Name of person)

CT Corporation System
(Name of firm/company)

818 W. 7th Street, 2nd Floor
(Address)

Los Angeles, CA 90017
(City/state and zip code)

For further information concerning this matter, please call:

Erin Mercado at (213) 243-9200
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

CR2ED43(07/02)

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
this statement of change is submitted for a corporation organized under the laws of the State of
California in order to change its registered office or registered agent, or both, in the State
of Florida.*

1. The name of the corporation: Dolphin Medical, Inc.
2. The principal office address: 12525 Chadron Ave., Hawthorne, CA 90250
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 3/18/2002 Document number: F02000001431

5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

PARACORP INCORPORATED

236 EAST 6TH AVE

TALLAHASSEE FL 32303

6. The name and street address of the new registered agent (if changed) and /or registered office (if
changed):

CT Corporation System

c/o CT Corporation System

(P.O. Box or personal mailbox NOT acceptable)

1200 South Pine Island Road, Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered
agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
(Signature of an officer, chairman or vice chairman of the board)

VICTOR SZE / Secretary
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity,
I further agree to comply with the provisions of all statutes relative to the proper and complete
performance of my duties, and I am familiar with and accept the obligation of my position as
registered agent. Or, if this document is being filed merely to reflect a change in the registered
office address, I hereby confirm that the corporation has been notified in writing of this change.*

By: [Signature]
(Signature of Registered Agent)

9.13.2005
Michael Smith
Assistant Secretary

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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