

Division of Corporations

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**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

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Email Address: tmartin@timmmedical.com

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**REGISTERED AGENT CHANGE
TIMM MEDICAL TECHNOLOGIES, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

RA/RO/chs
@ 4/28/11

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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 Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TIMM MEDICAL TECHNOLOGIES, INC.
2. The principal office address: 9600 West 76th Street, Suite T, Eden Prairie, Minnesota 55344
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 2/3/2006 Document number: F06000000697
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE FL 32301 US

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

C T Corporation System

1200 South Pine Island Road, Plantation, Florida 33324

P.O. Box NOT acceptable

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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.

Bob Martin
Signature of an officer or director

Bob Martin, Vice-President

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.

Mark Williams

Signature of Registered Agent

19th day of April, 2011

Date

If signing on behalf of an entity:

Mark Williams, AVP

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2ED45 (8/05)

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