

F060000001211

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Change

TB

4/15-08



VIRTUAL PARALEGAL SERVICES

Direct Dial: 508-405-1943

E-mail: denise@virtualparalegalservices.com

April 7, 2008

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Omnisonics Medical Technologies, Inc.
Change of Registered Agent

Dear Sir/Madam,

Enclosed for filing please find a change of registered agent form for the above-captioned company together with a check in the amount of \$35.00 to cover filing fees.

Please acknowledge receipt of this letter and the enclosed form by signing or stamping the enclosed copy of this letter and returning it in the self-addressed stamped envelope.

If you have any questions, please do not hesitate to contact me.

Sincerely,

Denise Annunciata

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Omnisonics Medical Technologies, Inc.
(Name of Corporation)

DOCUMENT NUMBER: F06000001211

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:

Denise Annunciata

(Name of Contact Person)

(Firm/Company)

60 Eaton Road

(Address)

Framingham, Massachusetts 01701

(City/State and Zip Code)

For further information concerning this matter, please call:

Denise Annunciata

(Name of Contact Person)

at (508) 405-1943

(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

1. The name of the corporation: Omnisonics Medical Technologies, Inc.
2. The principal office address: 66 Concord St
Wilmington, Massachusetts 01887
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/24/2006 Document number: F06000001211

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

CT Corporation System

1200 South Pine Island Road

Plantation, FL 33324

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

NRAI Services, Inc.

2731 Executive Park Drive, Suite 4

(P.O. Box NOT acceptable)

Weston, FL 33331

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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.



(Signature of an officer or director)

Richard G. Ganz, 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.



(Signature of Registered Agent)

4/6/08

(Date)

If signing on behalf of an entity:

Denise M. Annunciata, Asst. Sec

(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