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Ci-11	Filling Officers		
Special Instructions to	Filing Officer:		

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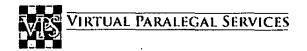
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2008 APR II PH 3: 38
SECHETARY OF STATE

R.A. Change

TB 4,15-08



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 Technology	aies. 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	60 Eaton Road				
(Address)					
Framingham, Massachusetts					
(City/State and Zip Code)					
For further information concerning this matter, please of	all:				
Denise Annunciata	at (508) 405-1943 (Area Code & Daytime Telephone Number)				
(Name of Contact Person)	(Area Code & Daytime Telephone Number)				
Enclosed is a \$35.00 check made payable to the Department of State.					
· · · · · · · · · · · · · · · · · · ·					
Mailing Address: Amendment Section	Street Address: Amendment Section				
Amendment Section Division of Corporations	Amendment Section Division of Corporations				
P.O. Box 6327	Clifton Building				
Tallahassee, FL 32314	2661 Executive Center Circle				
,	Tallahassee, FL 32301				

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

statement of cha	inge is submitted for a corporat	t, 617.0302, 607.1308, or 617.1308, Florida tion organized under the laws of the State of t or registered agent, or both, in the State of l	DE
1. The name of	the corporation: Omnisonics N	Medical Technologies, Inc.	
2. The principal	office address: 66 Concord St	t	
Wilmington	n, Massachusetts 01887		
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 02/24/20	Document number: F0600	0001211
	d street address of the current regetment of State:	gistered agent and registered office on file w	ith the
	CT Corporation System	m	
	1200 South Pine Island	d Road	- 29 - 1
	Plantation, FL 33324		2008 APR
6. The name and (if changed):	i street address of the new regist	tered agent (if changed) and /or registered of	fice Silver
	NRAI Services, Inc.		PH 3:
	2731 Executive Park		3: 38 7ATE 0RID
	Weston, FL 33331		**************************************
The street address changed will	ess of its registered office and be identical.	the street address of the business office of i	its registered agent,
Such change wa	as authorized by resolution dul ne board, or the corporation ha	ly adopted by its board of directors or by an is been notified in writing of the change.	n officer so
(Signati	ure of an officer or director)	Richard G. Ganz, President	
	•	l agent and agree to act in this capacity. of all statutes relative to the proper and co pt the obligation of my position as register ange in the registered office address, I here is change.	,
Renier	n. Annunud	4/6/08 (Date)	<del> </del>
(-,	chalf of an entity:	()	
Denico H	Annunciata AST.	Se.	

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

(Typed or Printed Name) /