

F93000002955

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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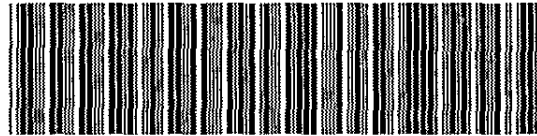
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RA chs.

SP

*Bay State Corporate Services, Inc.*  
*Six Beacon Street, Ste. 510*  
*Boston, MA 02108*  
*(617)742-8484 Fax: (617)742-8482*

July 11, 2007

Enclosed you will find (1 ) Corporate Change of Agent filing(s) for FL-SOS

Subject name: LAERDAL MEDICAL CORPORATION

Please file the attached Corporate filing upon receipt. A check in the amount of \$35.00 is enclosed.

If there are any problems, please hold the filing and call our office immediately. Feel free to call collect at 617-742-8484.

Thank you in advance for your assistance.

Sincerely,

Suzanne Cryan

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Laerdal Medical Corporation  
(Name of Corporation)

**DOCUMENT NUMBER:** F93000002955

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:

Suzanne Cryan  
(Name of Contact Person)

Bay State Corporate Services  
(Firm/Company)

6 Beacon Street, Suite 510  
(Address)

Boston, MA 02108  
(City/State and Zip Code)

For further information concerning this matter, please call:

Suzanne Cryan at ( 617 ) 742-8484  
(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  
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 New York in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Laerdal Medical Corporation  
2. The principal office address: 167 Myers Corners Rd. Wappingers Falls, NY 12590  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 06/25/1993 Document number: F93000002955

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

C T 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.

Patricia Goodwin  
(Signature of an officer or director)

Patricia Goodwin, Asst. 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.*

Suzanne Cryan  
(Signature of Registered Agent)

7/3/2007  
(Date)

If signing on behalf of an entity:

Suzanne Cryan, Asst. Secretary  
(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  
CR2E045 (8/05)