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To:

Division of Corporations

Fax Number : (850)617-6380

Account Name : CORPORATION SERVICE COMPANY

Account Number: I2000000195

Phone : (850)521-1000

Fax Number : (850)558-1515

the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE PARAGON BIOMEDICAL, INC.

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RA Rolly

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

statement of cha	ange is submitted for a corporation or	.0502, 607.1508, or 617.1508, Florida Statutes, this rganized under the laws of the State of California gistered agent, or both, in the State of Florida.
1. The name of	the corporation: PARAGON BION	MEDICAL, INC.
2. The principal office address: 9685 Research Drive, Irvine, CA 92618		
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification: 03/15/1995	Document number: F95000001239
5. The name and		ed agent and registered office on file with the
	Paracorp Incorporated	
	236 East 6th Avenue	
	Tallahassee, FL 32303	EE C
6. The name and (if changed):	d street address of the new registered	agent (if changed) and /or registered office
	Corporation Service Company	The state of the s
	1201 Hays Street	
	(P.O. Box NOT acception Tallahassee, FL 32301	hable)
The street address changed will		reet address of the business office of its registered agent,
Such change was authorized by the	as authorized by resolution duly ado he board, or the corporation has been	
(Signati	ure of an officer or director)	Blanca Lozada, Attorney In Fact (Punted or typed hand and title)
I hereby accept I further agree of my duties, an document is bet corporation has	the appointment as registered agen to comply with the provisions of all and I am familiar with and accept the ing filed merely to reflect a change is seen notified in writing of this char on Service Company	t and agree to act in this capacity. statutes relative to the proper and complete performance obligation of my position as registered agent. Or, if this n the registered office address, I hereby confirm that the nge.
By: S	~ luiso.	10/14/2010
(Si	gustime of Registered Agent)	(Date)
lf signing on be	chalf of an entity:	
, , , , ,	et, Asst. Vice President	
	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)