LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR) DOCUMENT # LO 10000 12350 FILED REAL TIME MEDICAL TECHNOLOGIES, L.LC. 02 OCT - 1 Phi 1:33 SECRETARY OF STATE TALEAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 3. Mailing Address 2. Principal Place of Business 513 S. MAGNOLIA DE ALLAHASSEE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number 01-0611018 Applied For City & State City & State Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired LEON 2301 Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 1AGNOLIA IN THIS SPACE submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity SIGNATURE 500008151885 FEE IS \$50.00 -10/02/02--01032--002-Make Check Payable to Department of State \*\*\*\*\*55.00 \*\*\*\*55.00 **DUE BY MAY 1** MANAGING MEMBERS/MANAGERS CEO/PRESIDENT TITLE TITLE NAME PATRICIA MUTH NAME STREET ADDRESS STREET ADDRESS 15135. MAGNOLIA DR. CITY-ST-ZIP TALLAHASSEE, FL 3230 CITY-ST-ZIP FO/TREASURER TITLE TITLE JANIS EDWALOS NAME NAME STREET ADDRESS 1316 HOLLIS STREET STREET ADDRESS TALLAHASSEE, FLORIDA 32312 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE City-St-7IP CITY-ST-ZIP TITLE IN THIS SPACE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME

11. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: 5

STREET ADDRESS

Daytime Phone #