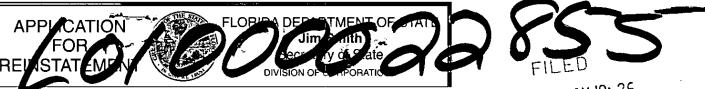
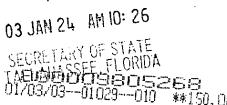
## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



1. DOCUMENT # L01000022855

Name and Mailing Address

0004402 01 FP 0,352 \*\*PRSRT T4 0 0615 33435-565099 Inlimitational Indiana Indiana Indiana Indiana Indiana Indiana Indiana Insight Medical Products, LLC 1100 S. FEDERAL HIGHWAY BOYNTON BEACH FL 33435-5650





2. New Mailing Address  City, State; Zip				4. State/Country of Formation  FL  -5: Date Organized or Qualified  To Do Business in Florida  12/26/2001			
							Principal Place of Business 1100 S. FEDERAL HIGHWAY
BOYNTON BEACH FL 33435	City, State, Zip	City, State, Zip			7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status		
8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent			
CAPPELLA, ARTHUR J 1100 S. FEDERAL HIGHWAY BOYNTON BEACH FL 33435			Name	·			
			Street Address (P.O. Box Number is Not Acceptable)				
			City			L Zip Code	
Registered Agent  11. Names and Street Addresses of Each Ma	REGISTERED AGEN	.: : :	∭ y⊅		Date	The state of the s	
Title/s) Name of Manag	Name of Managing Str Members/Managers Managers				City / State / Zip		
MGRM Thomas Mu	rphy	710 N	E 193	55	-1304NTON B	July, FL 334.	
MERNITHOMAS MU	ly	4251 F	ox-The	£	Bayered Bit,		
				015217	82837952	°⊊5.00	
REINSTATENENT 02				02-03	pt.		
					1 W 1 W		
12. I certify that I am managing member/man filing this reinstatement application the rea all fees owed by the limited liability compar as if made under oath.	son for dissolution has be	en eliminated, the	e limited liability con	npany name satisf	ies the requirements of section	on 608.406, F.S., and that	

as il made dilaci sali

Managing Member/Manager

Date 12/3/02 Daytime Phone # 561-- 932 - 3/13

Typed or printed name of signing Managing Member/Manager