

L020000004793

PDS IMAGING
790 CHURCH STREET
SUITE 100
MARIETTA, GA 30060-8902

City/State/Zip

Phone #

800006526128--3
-07/19/02--01037--010
*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. BIOLOGICS PLUS, LLC
(Corporation Name) (Document #)
2. L02-4793
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

FILED
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DIVISION OF CORPORATIONS
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Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

July 22, 2002

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790 CHURCH STREET
SUITE 100
MARIETTA, GA 30060-8902

SUBJECT: BIOLOGICS PLUS, LLC
Ref. Number: L02000004793

We have received your document for BIOLOGICS PLUS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete and return the enclosed blank form. The form you submitted is for a corporation, but your entity is an LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 302A00044577

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: Biologics Plus, LLC

2. The mailing address of the limited liability company is : 3359 Perrington Pt
Marietta, GA 30066

2-27-02
3. Date of filing/registration in Florida

LD2000004793
4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Business Filings, Inc.
Name
8025 Excelsior Dr #200
Address
Madison, WI 53717
City, State and Zip

6. The name and address of the new registered agent and/or office:

Keith Connion
Name
215 NW 138th Terr. #100
Florida street address (P.O. Box NOT acceptable)
Newberry FL 32269
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
(Signature of a member or authorized representative of a member)

Michael Evertsen, Pres.
(Printed or typed name of signee)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature] 7-27-02
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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