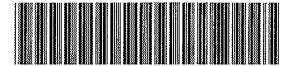
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(Idednesmi a Marrie)
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. * PICK-UP WAIT MAIL
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(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:
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### SCOTT D. CLARK, P.A.

ATTORNEYS AND COUNSELORS AT LAW
655 West Morse Boulevard, Suite 212

Winter Park, Florida 32789

Post Office Box 1269 Winter Park, Florida 32790

Telephone 407-647-7600 Facsimile 407-647-7622

SCOTT D. CLARK JEFFREY L. KAPLAN GINGER L. HODGES, Paralegal

November 26, 2003

#### via Federal Express

Division of Corporations Registration Section 409 East Gaines Street Tallahassee, Florida 32399

RE: Oysterbay Group Six, LLC/Change of Registered Agent and Reinstatement
Global Medical Research, LLC/Change of Registered Agent and Reinstatement

#### Dear Sirs:

Enclosed for filing are the following items:

- Limited Liability Company Reinstatement form for Oysterbay Group Six, LLC;
- Statement of Change of Registered Office and Agent for Oysterbay Group Six, LLC;
- 3. Limited Liability Company Reinstatement form for Global Medical Research, LLC;
- 4. Statement of Change of Registered Office and Agent for Global Medical Research, LLC;

and

5. Check #2264 in the amount of \$350.00 payable to the Department of State for the following items:

a. \$300.00

Reinstatement fees for both LLCs

b. \$50.00

. Change of registered agent fee for both LLCs

Please call me if you have any questions.

Sincerely,

feffrey L. Kaplar

## 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.

	- · <b>y</b> - ····						
1. The name of the limite	ed liability company is:	GLOBAL MEDICA	L RESEAR	CH, LL	<u> </u>		<u>_</u> .
2. The mailing address o	f the limited liability co	mpany is: 250 Park	Ave., South	, #635	5		
Winter Park, FL 3278							
12/13/2002		L02000	0033448				_`
3. Date of filing/registration in Florida		4. Docur	nent number				
5. The name of the registe Florida Department of			shown on the	erecord	s of t	he	
	6610 North West 9	Name 5th Street	<del>.</del>				
	Tamarac, FL 3332	Address 1 State and Zip		FALLA	03 DEC	71	-
6. The name and address	•	•			<u> </u>		
	Jeffrey L. Kaplan			=	AH IO:		
	655 W. Morse Blvd	Name ., Suite 212			9		
	Florida street address	s (P.O. Box NOT acce	ptable)				
	Winter Park	<sub>FL</sub> 32789					
	City, S	tate and Zip	<del></del>				
If the limited liability conconfirmed that after the cand the business office of liability company, it is he the members of the limite the operating agreement of	hange or changes are m	ade, the Florida street	address of the	registe	red o	office	of
(Signature of a member or author	ized representative of a member	ar).					
Michael Garfield, Mem	-	<i>گ</i>					
(Printed or typed name of signee)							
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	intment as registered as is of all statutes relative d accept the obligation this document is being ; that the limited liabili	gent and agree to act it to the proper and con s of my position as reg filed to merely reflect d y company has been n	n this capacit nplete perfori istered agent i change in th otified in writ	y. I fur nance o as prov e regist ing of t	ther d of my rided tered his cl	igree to duties, for in office hänge.	0

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

INHS18(10/99)

(Signature of Registered Agent)