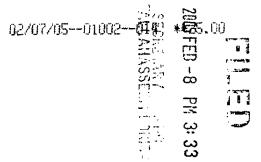


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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 29, 2004

MARIE-LOUISE KOSTIS 13336 NORTH CENTRAL AVENUE TAMPA, FL 33612

SUBJECT: LDD MEDICAL, LLC Ref. Number: L04000004029

We have received your document for LDD MEDICAL, LLC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00.

There is a balance due of \$25.00.

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) 245-6097.

Letter Number: 804A00062395

Marsha Thomas Document Specialist SECKETARY OF STATE

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 limite	d liability company is	s:	LDD Medical, LLC	
2. The mailing address of	the limited liability o	ompan	y is: 13336 North	Central Avenue
			_Tampa, FL 33	612
January 15, 2004		L0400004029		
3. Date of filing/registration in Florida		4. Document number		
5. The name of the registe Florida Department of S		istered (office address as shown	on the records of the
•	Keith W.	Koehle	r	_
	1611 West	Nam Platt		_
		Addre	SS	_
	Tampa, FL			<u>;</u> !
	City	, State	and Zip	<u>E</u> 2 2
6. The name and address of	of the new registered:	agent ar	id/or office:	CRE AH
	David Bek	hor		- SS - B
	13336 Nor	Name th Cen	tral Avenue	6 PH
•	Florida street addre	ss (P.O.	Box NOT acceptable)	53 60
	Tampa,	FL	33612	3 C C C C C C C C C C C C C C C C C C C
	City,	State ar	ıd Zip	_
If the limited liability com confirmed that after the ch and the business office of liability company, it is her the members of the limited the operating agreement of the limited that the limited liability company is a second control of the limited that the limited liability company is a second control of the liability control of the liabilit	ange or changes are r	nade, th	ne Florida street addres dentical. Or, in the cas	s of the registered office
(Signature of a member or authori	zed representative of a mem	ber)		
David Bekhor				
(Printed or typed name of signee)				
	ntment as registered as of all statutes relatively accept the obligation is document is being that the limited light	agent an we to the us of m filed to ity com	nd agree to act in this ce e proper and complete y position as registered merely reflect a chan pany has been notified	capacity. I further agree to performance of my duties, agent as provided for in ge in the registered office in writing of this change.
(Signature of Registered Agent)		_		

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

INHS18(10/99) FILING FEE: \$25.00