

2014 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000064522

FILED
Mar 06, 2014
Secretary of State

Entity Name: PHYSIOMEDICS MANUFACTURING, LLC

Current Principal Place of Business:

15105 MINNETONKA INDUSTRIAL ROAD
SUITE 225
MINNETONKA, MN 55345

New Principal Place of Business:

2926 OAK LEA DRIVE
SUITE 101
MINNETONKA, MN 55391

Current Mailing Address:

15105 MINNETONKA INDUSTRIAL ROAD
SUITE 225
MINNETONKA, MN 55345

New Mailing Address:

2926 OAK LEA DRIVE
SUITE 101
MINNETONKA, MN 55391

FEI Number: 20-2996230

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOSEFSON, MARK L
3661 WILD PINES DRIVE, SUITE A307
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

JOSEFSON, MARK L JR
3661 WILD PINES DRIVE
A307
BONITA SPRINGS, FL 34134 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MARK JOSEFSON II

03/06/2014

Electronic Signature of Registered Agent

Date

AUTHORIZED PERSONS:

Title: MGR
Name: JOSEFSON, MARK L II
Address: 3661 WILD PINES DRIVE, A307
City-St-Zip: BONITA SPRINGS, FL 34134

Title: AMGR
Name: WILSON, KIMBERLY A
Address: 15501 SUSSEX DRIVE
City-St-Zip: MINNETONKA, MN 55345

Title: AMGR
Name: CARLSON, STACY L
Address: 17201 90 PLACE N
City-St-Zip: MAPLE GROVE, MN 55311

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: MARK L JOSEFSON II

MGR

03/06/2014

Electronic Signature of Authorized Person

Date