File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY FILED Katherine Harris ANNUAL REPORT Secretary of State 99 MAR 30 AL 10: 00 1999 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE **DOCUMENT # 196000001107** 1a. Principal Place of Business Address GLOBAL MEDICAL DEVICES, LLC. 701 FISK STREET 701 FISK STREET SUITE 200 SUITE 200 JACKSONVILLE FL 32204 JACKSONVILLE FL 32204 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 10/17/1996 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3404661 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zιρ Zip Country \$8.75 Additional Fee Required 04/15/1998 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent Global Inc.
Address (P.O. Box Number is Not Acceptable) RAX CO. C/O MAHONEY ADAMS & CRISER 701 Fisk Strge + 50 NORTH LAURA STREET, 3400 BARNETT JACKSONVILLE FL 32202 Zip Code 32209 Tacksonville 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. DATE 3- 29-99 SIGNATURE/ ed Agent signative, registed when the state gr 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR EF GLOBAL, INC. 701 FISK STREET, SUITE 200 JACKSONVILLE FL -04/08/29--01007--014 ****188.75 ****188.79 11 I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3) (i), Florida Statutes. Hurther certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address

SIGNATURE: