## M92107

## **CT** CORPORATION

CORPORATION(	(S)	NAME
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660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

C. Coulliste . JAN 1 8 2002

## Florida Department of State, Sandra B. Mortham, Secretary of State

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, tundersigned corporation organized under the laws of the State of Florida	he
submits the following statement in order to change its registered office or registered agent, or both, in the	— he
State of Florida.	
1. The name of the corporation is: World Medical Manufacturing Corporation	<del></del>
2. The mailing address of the corporation is: 799 International Pkwy, Sunrise, FL	33325
3. Date of incorporation/qualification: 8/2/88 Document number: M92107	
4. The name and address of the current registered agent and office:	20n
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Sumrise, FL 33325	m
Sumrise, FL 33325  5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)  C T Corporation System	
CT Corporation System Specific Specifi	
c/o C T Corporation System, 1200 South Pine Island Road	
Plantation, Florida 33324	
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.	
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.	
Hobert L. Ryan 1. 9. 2002	
(Signature of an office) chairman or vice chairman of the board) (Date)	
Robert L. Ryan, Vice President	
(Printed or typed name and title) (Date)	
Having been named as registered agent and to accept service of process for the above stated corporation, 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 performed services, and I am familiar with and accept the obligation of my position as	
registered agent.  (Signature of Registered Agent)  (Date)	
If signing on behalf of an entity:	
Kevin D. Lumbera Asst. Secy. (Typed or Printed Name) (Capacity)	
CR2E045(4/95) FILING FEE: \$35.00	