DOCUMENT # M9900000	USINESS REP	•	FILED SECRETARY OF	STATE		
1. Entity Name Mobile Medical Industries, LLC			elvisieli uz Luki	SECRETARY OF STATE DIVISION OF CORPORATIONS		
777 Yamato Road, Suite Boca Raton, FL 33431	e #330		OO MINURY A	H IU: 40		
Principal Place of Business	Mailing Address					
777 Yamato Road, #330 777 Yamato Ro			-			
boca Raton, FL 33431	Boca Raton,	FL 33431				
2. Principal Place of Business 3. Mailing Address 777 Yamato Road 777 Yamato Road		oad	I TORNISHIN DIE HEILE BEITE BEITE BEITE BETTI GETTE BETTI GETTE DITTE BETTE BETTE BETTE BETTE BETTE BETTE BETTE		### # <b>                                 </b>	
Suite, Apt. #, etc.	uite, Apt. #, etc. Suite, Apt. #, etc.		DO NOT WR	DO NOT WRITE IN THIS SPACE		
#330 City & State	#330 City & State		4. FEI Number	· · · · · · · · · · · · · · · · · · ·	Applied For	
Bo <u>ca Raton, FL</u>	Boca Raton.		65-0976081		Not Applicable	
Zip Country 33431 USA	33431	Country USA	5. Certificate of Status Desired	☐ <b>\$5.00</b> A Fee Requi		
6Name and Address of Cur	rrent Registered Agent	- t	7. Name and Address of New	Registered Agent		
Myrick, Kim 770 Yamato Road Suite #330		M	Name Myrick, Kim			
		777	Street Address (P.O. Box Number is Not Acceptable) 777 Yamato Road			
Boca Raton, FL 33431		#330				
-		Boca Raton		FL 2934	<u>31</u>	
The above named entity submits this statement	ent for the purpose of changing i	ts registered office or re	egistered agent, or both, in the State of Flo	orida.		
NONATI DE	in Minsedie (S	-		100 100		
SIGNATURE	<u> </u>	ecretary/Tre		/28/00		
	<u> </u>	ecretary/Tre DTE: Registered Agent signature		/28/UU DATE		
Signature, typed or printed name of fegistered	egent and title if an ilicable. (N	OTE: Registered Agent signature	required when reinstating)	· · · · · · · · · · · · · · · · · · ·		
Signature, typed or printed name of fegistered	egent and title if a plicable. (N	TE: Registered Agent signature	required when reinstating)	DATÉ		
Signature, typed or printed name of fegistered  MANAGING ME	egent and title if a discable. (N	OTE: Registered Agent signature	required when reinstating)  ADDITIONS	DATE	X  Addition	
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NATURE: Kim Myrick 4/28/00 561-893-0163