## PD200051781

Requester's Name		
Erik C. Larsen 243 W Park Ave. Ste. 201 Winter Park, FL 32789-7001		
City/State/Zip Phone #	50007768105-9 -09/16/02-01052-005 *****35.00 *****35.00	
	Office Use Only	
CORPORATION NAME(S) & DOCUM	ENT NUMBER(S), (if known):	
1	,	
(Corporation Name)	(Document #)	: <u>rt</u>
2.		; -
(Corporation Name)	(Document #)	
3. (Corporation Name)	(Document #)	: .
(Corporation Francy	(Document #)	
4. (Corporation Name)	(Document #)	
☐ Walk in ☐ Pick up time	Certified Copy	
Mail out Will wait	Photocopy	
NEW FILINGS	AMENDMENTS	
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger  REGISTRATION/QUALIFICATION  Amendment  7 SECRETARY 02 SEP 16 PI FILED	
OTHER FILINGS	REGISTRATION/QUALIFICATION	
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other Change	
CR2E031(7/97)	Examiner's Initials	
	9/24/02	-

## Florida Department of State, Jim Smith, Secretary of State

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

Pursuant to the provisions of sections 607. Florida Statutes, the undersigned corporations of sections for registered agent, or both, in the State of	ement in order to change its registered office	
1a. The name of the corporation is: ZMD USA, Inc.		
1b. Date of incorporation May 6, 2002	Document number P02000051781	
2. The name and address of the current	registered agent and office:	
	Erik C. Larsen	
	243 W. Park Ave., Ste. 201	
3. The name and address of the new regis	stered agent and office:	
(P.O. Box Not Acceptable)	Zarina Allidina	
	9036 Westbay Blvd. で気 する Tampa FL 33615-2748 コップ	
Such change was authorized by resolution an officer so authorized by the board.  SIGNATURE  SH 2002  DATE	n duly adopted by its board of directors or by  Didarali Allidina, President  Typed or printed name and title	
IN THIS CERTIFICATE, I HEREBY ACCEING AGENT AND AGREE TO ACT IN THIS CANNITH THE PROVISIONS OF ALL STATUT PLETE PERFORMANCE OF MY DUTIES, THE OBLIGATION OF MY POSITION AS SIG	PRORATION AT THE PLACE DESIGNATED PT THE APPOINTMENT AS REGISTERED APACITY. I FURTHER AGREE TO COMPLY TES RELATIVE TO THE PROPER AND COM- , AND I AM FAMILIAR WITH AND ACCEPT REGISTERED AGENT.  INATURE (Registered Agent) TE Sept Store (Registered Agent)	
Division of Corporations, P.O.	). Box 6327, Tallahassee, FL 32314	

CR2E045 (7-91)

FILING FEE: \$35.00