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Florida Department of State
Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

PALION MEDICAL CORPORATION

Certificate of Status	1
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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, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PALION MEDICAL CORPORATION
2. The principal office address: 250 WEST 57TH STREET, STE 1716, NEW YORK NY 10107
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 5/16/2003 Document number: P03000054008
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
LEDERER, KLAUS DR
1736 PERSIMMON DRIVE
NAPLES FL 34109
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
(P.O. Box NOT acceptable)
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, or the corporation has been notified in writing of the change.

By: David Present DAVID Present CEO
(Signature of an officer or director) (Printed or typed name and title)

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 performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Connie Bryan
(Signature of Registered Agent)

5/31/2006
(Date)

If signing on behalf of an entity:

Connie Bryan
(Typed or Printed Name)
Special Assistant Secretary

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. Box 6327, TALLAHASSEE, FL 32314
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