

P060000172/2

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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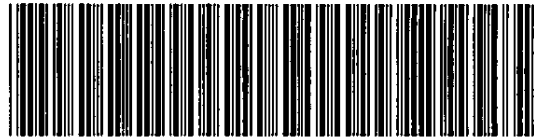
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Becker Medical, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P06000017212

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Hibnicz
(Name of Contact Person)

Becker Medical
(Firm/Company)

P.O. Box 21441
(Address)

Jarvis, FL 34276
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Hibnicz at 841, 685-4242
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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: Becker Medical
2. The principal office address: 101 S. Gulfstream Ave. #15g
Sarasota, FL 34236
3. The mailing address (if different): P.O. Box 21441
Sarasota, FL 34276
4. Date of incorporation/qualification: 02/02/04 Document number: P06 0000 17212
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

David Finkelstein
27 Fletcher Avenue
Sarasota, FL 34237

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Melvin Hibnick
3651 Country Place Blvd.
(P.O. Box NOT acceptable)
Sarasota, FL 34233

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.

Melvin Hibnick
(Signature of an officer or director)

Michael Hibnick, President
(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.

x Melvin Hibnick
(Signature of Registered Agent)

12-11-06
(Date)

If signing on behalf of an entity:

MELVIN HIBNICK
(Typed or Printed Name)

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

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

CR2E045 (8/05)

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