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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0380

From:
Account Name : THE FLORIDA COMPANY
Account Number : I20060000001
Phone : (608)827-5300
Fax Number : (608)824-0405

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REGISTERED AGENT CHANGE

LAM MEDICAL INC.

Certificate of Status	0
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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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: LAM MEDICAL INC.
2. The principal office address: 2048 ISLA DE PALMA CIRCLE
NAPLES FL 34119
3. The mailing address (if different):
2048 ISLA DE PALMA CIRCLE, NAPLES, FL 34119
4. Date of incorporation/qualification: 7/18/2006 Document number: P06000094843
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

THE FLORIDA INCORPORATING COMPANY

1203 GOVERNORS SQUARE, STE. 101

TALLAHASSEE, FL 32301

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

Business Filings Incorporated

1203 Governors Square Blvd, Ste. 101

(P.O. Box NOT acceptable)

Tallahassee, FL 32301-2960

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.

Lori A. Stokvis
(Signature of an officer or director)

LORI A. STOKVIS / CEO
(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.

Mark Schiff
(Signature of Registered Agent)

Business Filings Incorporated, Mark Schiff, Asst. Vice Pres.

10-30-06
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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*** 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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