

MAY 24 2007 9:10AM
Capital Connection

CAPITAL CONNECTION

NO. 9305 P. 1

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Florida Department of State
Division of Corporations
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To:
Division of Corporations
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From:
Account Name : YOUR CAPITAL CONNECTION, INC.
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Phone : (850) 224-8870
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REGISTERED AGENT CHANGE

BARRIER MEDICAL TECHNOLOGIES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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DIVISION OF CORPORATIONS

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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: BARRIER MEDICAL TECHNOLOGIES, INC.
2. The principal office address: 141 North Highland Street, #3, Mount Dora, Florida 32757
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 03/16/2007 Document number: P07000034530

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Leone, James R.

3188 Oak Lane

Edgewater, Florida 32132

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

WILLIAM B. PRINGLE, III, P.A.

390 North Orange Avenue, Suite 2100

(P.O. Box, NOT acceptable)

Orlando, Florida 32801

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.

[Signature]
(Signature of an officer or director)

William B. Pringle, III/Attorney at Law
(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.

[Signature]
(Signature of Registered Agent)

5/23/07
(Date)

If signing on behalf of an entity:

William B. Pringle, III, Esquire
(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
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