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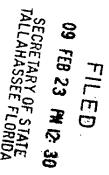
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## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: RNM Surgical Inc. (Name of Corporation)		
DOCUMENT NUMBER: 26-0230269		
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:		
Richard Maher (Name of Contact Person)		
RNM Surgical Inc (Firm/Company)		
700 S. Harbour Island BluD#831 (Address)		
TAMPA FL 33609 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Richard Maker at (813), 731 3008  (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 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: RNM Surgica O. INC
2. The principal office address: 700 S Harbour Island BIVD # 831  TAMPH, FL 33609
3. The mailing address (if different): (New) 2907 West Sutios Street
TAMPA, FL 33629
4. Date of incorporation/qualification: 5/07 Document number: 24-0236249
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Richard Mahere (resigned)
Richard Maher (resigned) 700 South Harbour Island BluD#831
TAMPA, FL 33602
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Heatner Mahen
2967 West Strios St.  (P.O. Box NOT acceptable)
TAMPH FL 33629
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 of an officer or director)  Richer of N- Maken (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.  2/19/09
(Signature of Registered Agent) (Date)*  If signing on behalf of an entity:
Heather Maher (Typed or Printed Name)

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