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REPLY TO: Main Office

Main Office

20801 Biscayne Boulevard
Suite 501
Aventura, FL 33180
Telephone: 305-935-3500
Brow./Boca-Delray: 954-949-0188
Palm Beaches: 561-909-0337
Telefax: 305-935-9042

Email: nleopold@leopoldkorn.com

Boca Raton Office

1900 N.W. Corporate Blvd.
Suite 400 East
Boca Raton, FL 33431
Miami-Dade: 305-935-3500
Brow./Boca-Delray: 954-949-0188
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Telefax: 305-935-9042

Of counsel: Howard L. Adler
Terri Grumer Sonn

February 18, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Magna Medical Systems, Inc.
Document No. P93000035760

Dear Sir or Madam:

Please find enclosed the Statement of Change of Registered Office or Registered Agent or Both for Corporations in connection with the above-referenced corporation, together with a check in the amount of \$35.00, to cover the filing fee. Please process this document for us and confirm to us in writing once it is complete.

Should you have any questions, please do not hesitate to contact me.

Very truly yours,



Norman Leopold
NL/cak
Enclosures

FEB-10-03 MON 09:33 AM

FAX NO.

P. 02

02/08/03 13:42 FAX 3059359042

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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: MAGNA MEDICAL SYSTEMS, INC.
2. The principal office address: 7200 N.W. 7th Street, 2nd Floor, Miami, FL 33126
3. The mailing address (if different): ~~same~~ P.O. BOX 669054
MIAMI, FLORIDA 33166
4. Date of incorporation/qualification: 5/18/1993 Document number: P93000036760
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Norman Leopold
20801 Biscayne Blvd., Suite 501
Aventura, FL 33180
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Allan Reiss
1110 Brickell Avenue, 7th Floor
(P.O. Box or personal mailbox NOT acceptable)
Miami, FL 33131

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, chairman or vice chairman of the board

Lissette Gonzalez Nunez, V. Pres/Secretary
(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)

2/11/03
(Date)

If signing on behalf of an entity:

Allan S. Reiss
(Typed or Printed Name)

Levin E. Pastres P.A.
(Capacity)

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

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

SECRETARY OF
DIVISION OF CORPORATIONS
03 FEB 20 PM 3:44