

P93000987898



MASTERS MEDICAL, INC.
10218 N.W. 50TH ST. • SUNRISE, FLORIDA 33351, U.S.A.

City/State/Zip

Phone #

100003035601--7
-11/04/99-01093--018
*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- ☐ Walk in ☐ Pick up time ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

RA Chg.

V. SHEPARD NOV 16 1999

Examiner's Initials

Florida Department of State, Sandra R. Mortham, Secretary of State

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

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, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: TRANSPHINX CORP.
2. The mailing address of the corporation is: P.O. Box 546, 28-30 The Parade,
St. Helier, Jersey JE4 8XY UK
3. Date of incorporation/qualification: 03-01-96 Document number: P93000087898
4. The name and address of the current registered agent and office:

Gail M. Wheaton

10218 NW 50th St.

Sunrise, FL 33351

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

Robert L. Braun

10218 NW 50th St

Sunrise, FL 33351

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.

FOR AND ON BEHALF OF
INSINGER SECRETARIES (JERSEY) LIMITED

(Signature of an officer, chairman or vice chairman of the board)

AUTHORISED SIGNATORY

(Printed or typed name and title)

(Date)

(Date)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby agree to act 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.

(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)