

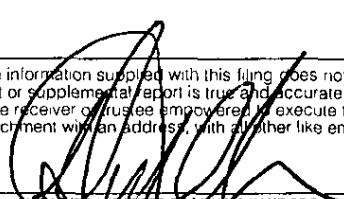


**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P94000028480</b>		<b>Secretary of State</b>	
1. Entity Name <b>GORE MEDICAL GROUP, INC.</b>			
Principal Place of Business <b>609 HIGHWAY 466 LADY LAKE, FL 32159</b>		Mailing Address <b>609 HIGHWAY 466 LADY LAKE, FL 32159</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		03112008    No Chg-P    CR2E034 (11/05)	
4. FEI Number <b>59-3236634</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>GORE, GRANT III 609 HIGHWAY 466 LADY LAKE, FL 32159</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable    (NOTE: Registered Agent signature required when reinstating)    DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		<b>04/16/08-80041-001 150.00</b>	
TITLE	PS	<b>DO NOT WRITE IN THIS SPACE</b>	
NAME	GORE, GRANT III		
STREET ADDRESS	609 HIGHWAY 466		
CITY- ST- ZIP	LADY LAKE, FL 32159		
TITLE			
NAME			
STREET ADDRESS		<b>DO NOT WRITE IN THIS SPACE</b>	
CITY- ST- ZIP			
TITLE			
NAME			
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CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		<b>4-3-08</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date    Daytime Phone #	