9/22/98

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TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4000

FROM: EMPIRE CORPORATE KIT COMPANY

ACCT#: 072450003255

CONTACT: RAY STORMONT PHONE: (305)541-3694

FAX #: (305)541-3770

NAME: INDEPENDENT BRACE & MEDICAL, INC.

AUDIT NUMBER...... H98000017733

DOC TYPE..... REGISTERED AGENT CHANGE

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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

September 23, 1998

INDEPENDENT BRACE & MEDICAL, INC. 3609 CENTURY BLVD SUITE 3 LAKELAND, FL 33811

SUBJECT: INDEPENDENT BRACE & MEDICAL, INC.

REF: P98000027775

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 15.16(3), Florida Statutes, requires each document to contain in the lower left-hand corner of the first page the name, address, and telephone number of the preparer of the original and, if prepared by an attorney licensed in this state, the preparer's Florida Bar membership number.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6906.

Darlene Connell Corporate Specialist FAX Aud. #: H98000017733 Letter Number: 998A00048075



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Florida Department of State, Jim Smith, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

-	tes, the undersigned corporation, organized under the laws or the State Florida , submits the following statement in order to change its ered office or registered agent, or both, in the State of Florida.
1. Ti	he name of the corporation is: <u>Independent Brace & Medical, Inc.</u>
1a. D	ate of incorporation <u>March 25, 1998</u> Document number <u>P98000027775</u>
2. T	he name and address of the present registered agent and office:
	Darren Cifelli, 12424 Elnora Drive, Riverview, FL 33569
-	
3. T	he name and address of the successor registered agent and office:
	Darren Cifelli, 756 Sandy Creek Drive, Brandon, FL 33511 1
_	
_	日前 公
T of	he address of its registered agent and the address of the business ffice of its registered agent, as changed, will be identical.
-	uch change was authorized by resolution duly adopted by its board f directors.
	Tour Cilelli
	SIGNATURE (President or Vice President) (President or Vice President) DAREN CIFELLI
	DATE 9/22/88 DATE CITETE
ACT ALL AND	NG BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED PORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDATUTES.
	SIGNATURE De Cifle
	C. COLE TEFFREYS, JR., ESD. 750 W. LUMSDEN 9/22 98 DAREN CIFELLI
	BRANDON, FL 33511
	Т ВN0 . 4a6944
-	(813) 653-2500 DIVISION OF CORPORATIONS - P. O. BOX 6327 - TALLAHASSEE, FL 32314
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