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Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850)205-0380

From:

: EMPIRE CORPORATE KIT COMPANY Account Name

Account Number: 072450003255 : (305) 634-3694 Phone

: (305)633-9696

Fax Number

BASIC AMENDMENT

LILY ORTHPEDIC INC.

The state of the s				
Certificate of Status	0			
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Estimated Charge	\$35,00			

Officer/Director
Resignation
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P.01/62

(2)

AFFIDAVIT

STATE OF FLORIDA :			
COUNTY OF MIAMI-DADE	•		
CESARIO SANCHEZ	undersigned authority , who by mi information and belief, and	e being first duly sw	orn, says to
1. That he has resigned as a S	ecretary		of
_	(Title)		
LILY ORTHOPEDIC INC.	P9800001402	, a Florida co	rporation;
(Name of Corporation)			
2. That the corporation has been notif3. That corporate minutes relating to			DIVISION OF C
further affiant sayeth not.	A		PM 2: 34
	AFTIAN CESARIO SA	NCHEZ	
Sworn to and subscribed before me th	is 25 day of	July 2001	 •
	Exten D NOTAR	alund Y PUBLIC	
My Commission Expires:	——————————————————————————————————————		
FILING FEE COMMISSION NO. MY COMMISSION FAP.	AREZ OF FLORIDA CC995445		

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 (904) 487-6051