997512

	<u> </u>	
(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
(0)		
(1)0	ocument Number)	1
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
,		ļ
		!





600135529186

09/11/08--01010--022 **35.00

08 SEP 1.1 AM 10: 41

SECRETARY OF STATE DIVISION OF CORPORATIONS

RA ROCHS 100 9/15/08



Toll Free (877) 894-9049 Voice (518)694-4414 Fax (518)694-4417

September 8, 2008

Corporation Records Bureau Division of Corporations Department of State P.O. Box 6327 Tallahassee, Florida 32301

RE: TUTOGEN MEDICAL, INC.

To Whom It May Concern:

Enclosed please find a Change of Agent documents for the above entity please file it on a Routine basis and return a stamped copy as evidence of the filing to the address listed above via regular mail.

A check in the amount of \$35.00 is attached for the filing fee.

Please return in the attached self addressed envelope provided for your convience.

If you have any questions, please feel free to contact me at 1-877-894-9049 ext 17

Thank you.

Sincerely,

Dolores Burton Project Associate

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

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.
(. The name of the corporation: Tutogen Medical, Inc.
2. The principal office address: 13709 Progress Blvd., Box 19
Alachua, FL 32615
3. The mailing address (if different): 13709 Progress Blvd., Box 19
Alachua, FL 32615
4. Date of incorporation/qualification: 6/13/1994 Document number: S98512
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Matthew T. Brush
13709 Progress Blvd., Box 19
Alachua, FL 32615
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): United Corporate Services, Inc.
9200 South Dadeland Blvd. Suite 508.
(P.O. Box NOT acceptable)
Miami, FL 33156
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.
Must Thomas F. Rose, CFO
(Signature of an officer of director) (Printed or typed hame 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. United Corporate Services, Inc. By: (Signature of Registered Agent)
If signing on behalf of an entity:
Michael A. Barr, President
(Typed or Printed Name)

* * * FILING PEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)