I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

MANAGER

SIGNATURE: DAVID PRESSLER

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L10000098582

Entity Name: SOUTH FLORIDA MEDICAL TECHNOLOGIES, LLC

Current Principal Place of Business:

1122 NW 118TH WAY CORAL SPRINGS, FL 33071

Current Mailing Address:

1122 NW 118TH WAY CORAL SPRINGS, FL 33071 US

FEI Number: 27-3679516

Name and Address of Current Registered Agent:

LYON, JAMES BESQ. 3300 UNIVERSITY DRIVE 802 CORAL SPRINGS, FL 33065 US

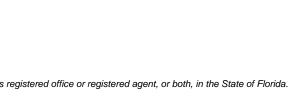
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

4
FL 33071



Certificate of Status Desired: No

FILED Apr 17, 2013 Secretary of State CC6692701895

Date

04/17/2013

Date