

PATENT ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF NAME
CONVEYING PARTY DATA	
Name	Execution Date
Stroke-Advance-Med, LLC	10/17/2008
RECEIVING PARTY DATA	
Name:	Relox Medical, LLC
Street Address:	2110 North Ocean Boulevard
Internal Address:	Unit 14 B
City:	Fort Lauderdale
State/Country:	FLORIDA
Postal Code:	33305
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	11397428
CORRESPONDENCE DATA	
Fax Number:	(612)492-7077
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>	
Phone:	612-492-7000
Email:	kpietruszewski@fredlaw.com
Correspondent Name:	Philip M. Goldman
Address Line 1:	200 South Sixth Street
Address Line 2:	Suite 4000
Address Line 4:	Minneapolis, MINNESOTA 55402
ATTORNEY DOCKET NUMBER:	58787.1.2
NAME OF SUBMITTER:	Philip M. Goldman

OP \$40.00 11397428

Total Attachments: 3
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 20, 2008

JOHN B. GALLAGHER, ESQ.
JOHN B. GALLAGHER, PA
2631 E. OAKLAND PARK BLVD., STE. 201
FT. LAUDERDALE, FL 33306

Re: Document Number L08000050307

The Articles of Amendment to the Articles of Organization for STROKE-ADVANCE-MED, LLC which changed its name to RELOX MEDICAL, LLC, a Florida limited liability company, were filed on October 17, 2008.

Should you have any questions regarding this matter, please telephone (850) 245-6051, the Registration Section.

Carolyn Lewis
Regulatory Specialist II
Division of Corporations

Letter Number: 808A00054280

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

STROKE-ADVANCE-MED, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 5/20/2008 and assigned Florida document number L08000050307.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

RELOX MEDICAL, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

(Enter Florida street address)

_____, Florida _____

(City)

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(If Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

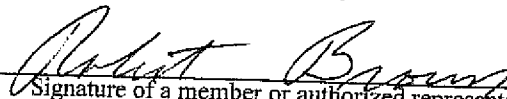
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated _____



Signature of a member or authorized representative of a member

By ROBERT BROWN Managing Member of Stroke-Med, LLC

Typed or printed name of signee