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TALLAHASSEE, FLORIDA

VH

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Keller Medical, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Howard Preissman

Name of Person

Keller Medical, Inc.

Firm/Company

609 SE Central Parkway

Address

Stuart, Florida 34994

City/State and Zip code

ssandow@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Sandow

Name of Person

at (772) 240-9618

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Keller Medical, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Keller Medical Group, Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 26-2093764
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. March 10, 2009 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. not as of registration
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 609 SE Central Parkway, Stuart, Florida 34994
(Principal office address)

609 SE Central Parkway, Stuart, Florida 34994
(Current mailing address)

8. to engage in any lawful act or activity for which corp. may be organized under the laws.
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)


Name: Howard Preissman

Office Address: 30 Simara Street

Stuart, Florida 34994
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Howard Preissman

Address: 30 Simara Street
Stuart, FL 34996

Vice Chairman: _____

Address: _____

Director: Kevin Helker, M.D.

Address: 49 Perkins Lake Road
Greenville, South Carolina 2967

Director: Jh-Houng Loh, Ph.D.

Address: 9 Linnell Circle
Billerica, MA 01821

B. OFFICERS

President: Howard Preissman

Address: 30 Simara Street
Stuart, FL 34996

Vice President: _____

Address: _____

Secretary: Casey McGlynn

Address: 650 Page Mill Road, Palo Alto CA 94304-1050

Treasurer: NA

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Howard E. Preissman

(Signature of Director or Officer listed in number 12 of the application)

14. Howard E. Preissman Chairman

(Typed or printed name and capacity of person signing application)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KELLER MEDICAL, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF JUNE, A.D. 2009.

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AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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You may verify this certificate online
at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7358713

DATE: 06-12-09