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**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** TriMedx, 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," or "Certificate of Good Standing" 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:

Kendell Hoyle

Name of Person

Medxcel

Firm/Company

5451 Lakeview Parkway S. Drive

Address

Indianapolis, IN 46268

City/State and Zip code

kendell.hoyle@medxcelglobal.com

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

For further information concerning this matter, please call:

Kendell Hoyle

at ( 317 ) 275-9546

Name of Person

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 8, 2013

KENDELL HOYLE  
5451 LAKEVIEW PARKWAY S. DRIVE  
INDIANAPOLIS, IN 46268

SUBJECT: TRIMEDX, INC.  
Ref. Number: W13000013502

We have received your document for TRIMEDX, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 313A00005475



**CONSENT OF TRIMEDX, LLC**

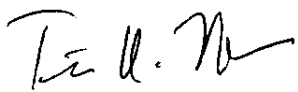
**WHEREAS**, the undersigned person, being the Senior Vice President and General Counsel of TriMedx, LLC ("Company"), a limited liability company formed and existing under the laws of the State of Indiana and authorized to do business in the state of Florida, hereby adopts the following resolutions by executing this Consent below.

**WHEREAS**, the Company has organized a for-profit corporation with the name "TriMedx, Inc." ("New Corporation"); and

**WHEREAS**, the Company is the sole owner of New Corporation; and

**WHEREAS**, Company recognizes that the name of New Corporation is similar to the Company's name and wishes to consent to New Corporation's use of the name "TriMedx, Inc."

**NOW, THEREFORE, BE IT RESOLVED**, that the Company hereby consents to New Corporation's use of the name "TriMedx, Inc." and asks that the Secretary of State acknowledge this consent and approve of the foreign for-profit Corporation Application of New Corporation, which has been filed by new corporation.

By:   
Timothy A. McGeath  
Senior Vice President and General Counsel  
TriMedx, LLC

**FILED**  
13 MAR 25 PM 2:05  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



**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. TriMedx, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Indiana 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 6/27/2012 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Effective Upon Registration  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 5451 Lakeview Parkway S. Drive, Indianapolis, IN 46268  
(Principal office address)  
5451 Lakeview Parkway S. Drive, Indianapolis, IN 46268  
(Current mailing address)

8. Repair of medical equipment in hospitals and clinics  
(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: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301  
(City) (Zip code)

**FILED**  
13 MAR 25 PM 2:05  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**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.*

Corporation Service Company

By: Megan Lacey  
(Registered agent's signature)

**Megan Lacey**  
**Assistant Vice President**

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.

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

**A. DIRECTORS**

Chairman: Gregory Ranger

Address: 5451 Lakeview Parkway S. Drive  
Indianapolis, IN 46268

Vice Chairman: Thomas Vorpahl

Address: 5451 Lakeview Parkway S. Drive  
Indianapolis, IN 46268

Director: Timothy McGeath

Address: 5451 Lakeview Parkway S. Drive  
Indianapolis, IN 46268

Director: James Fanelli

Address: 5451 Lakeview Parkway S. Drive  
Indianapolis, IN 46268

**B. OFFICERS**

President: Gregory Ranger - CEO

Address: 5451 Lakeview Parkway S. Drive  
Indianapolis, IN 46268

Vice President: Thomas Vorpahl

Address: 5451 Lakeview Parkway S. Drive  
Indianapolis, IN 46268

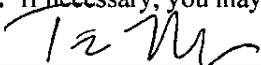
Secretary: Timothy McGeath

Address: 5451 Lakeview Parkway S. Drive, Indianapolis, IN 46268

Treasurer: James Fanelli

Address: 5451 Lakeview Parkway S. Drive, Indianapolis, IN 46268

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

13. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Timothy McGeath

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

**FILED**

13 MAR 25 PM 2:05

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

STATE OF INDIANA  
OFFICE OF THE SECRETARY OF STATE  
CERTIFICATE OF EXISTENCE

**FILED**  
13 MAR 25 PM 2:05  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

To Whom These Presents Come, Greetings:

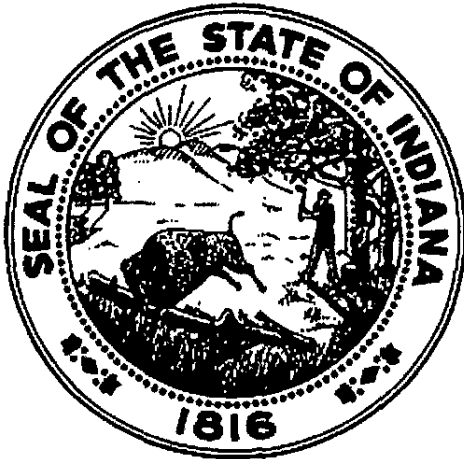
I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

**TRIMEDX, INC.**

duly filed the requisite documents to commence business activities under the laws of State of Indiana on June 27, 2012, and was in existence or authorized to transact business in the State of Indiana on November 30, 2012.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Thirtieth Day of November, 2012.

*Connie Lawson*

Connie Lawson, Secretary of State

2012062700155 / 2012113058898

STATE OF INDIANA  
OFFICE OF THE SECRETARY OF STATE  
CERTIFICATE OF EXISTENCE

FILED

13 MAR 25 PM 2:05

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

To Whom These Presents Come, Greetings:

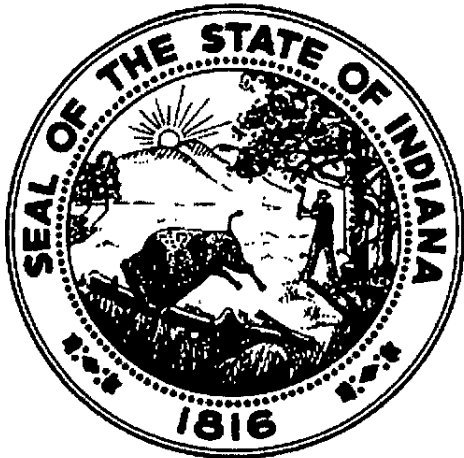
I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

**TRIMEDX, INC.**

duly filed the requisite documents to commence business activities under the laws of State of Indiana on June 27, 2012, and was in existence or authorized to transact business in the State of Indiana on March 05, 2013.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Fifth Day of March, 2013.

*Connie Lawson*

Connie Lawson, Secretary of State

2012062700155 / 2013030589734