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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:_

FOREIGN PROFIT/NONPROFIT CORPORATION

Kestra Medical Technology Services, Inc.

Certificate of Status	1
Certified Copy	1
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*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. KESTRA MEDICAL TECHNOLOGY SERVICES, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"

(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting bus	iness in Florida)	
2. DELAWARE	3.	(FEI number, if applicable)		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applical	ol c)	
4. 12/31/2019	5. of incorporation)			
(Date	of incorporation)	(Date of duration, if other than p	perpetual)	
6				
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
_ 3933 LAKE WA	SHINGTON BLA'D NE, SUFFE 200, KIRKE.			
7	(Principal of)	ice <u>street</u> address)		
	(Curent mail)	ng address, if different)		
8. Name and stre	et address of Florida registered agent: (P.C	D. Box <u>NOT</u> acceptable)	2920 DEC	
Name:	C.T Corporation System		图	
Office Address:	1200 South Pine Island Road		1	
	Dit	33324	-73	
	Piantation	, Florida	-3	

9. 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.

Rachel O'Connor - Assistant Secretary
(Registered agent's signature)

10. 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.

□Vice Chairman Address 3933 Lake Washington Blvd NE □ Suite 200 □Director Kirkland, WA 98033-7806 □	∃Vice Chairman	Chris Gordon Name:
Suite 200 Director Kirkland, WA 98033-7806		200 Clarendon Street
Director Suite 200 Kirkland, WA 98033-7806		
■President	Director	Boston, MA 02116-5021
	TPresident	
OVice President	3Vice President	
ClSecretary ClTreasurer	Secretary	Treasmer
	Other	Other
Traci S. Umberger	I Chairman	Nicholas Downing Name:
TiVice Chairman Address: 3933 Lake Washington Blvd NE	Il Vice Chairman	Address:
■Director	Director	Boston, MA 02116-5021
☐President Kirkland, WA 98033-7806	∃President	
■Vice President USA	IVice President	
Secretary Treasure:	☐ Secretary	☐ Treasures
Other	Other	Other
Orly Mishan	_IChairman	Name:
200 South Clarendon Street	∃Vice Chairman	Address: 28
Boston, MA 02116-5021	∐Director	Address: 22
USA	LiPresident	1
[]Vice President	TVice President	
□Secretary □Treasure:	□Secretary	TiTreasurer on
□Other □Other	Other	□ Other
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Signature of Director or O The officer or director signing this document (and who is listed in number 1)	Officer	

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated nerein are true and that he of she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 5.817.155, F.S.

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "KESTRA MEDICAL TECHNOLOGY SERVICES,

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 TWENTY-SEVENTH DAY OF

OCTOBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

2020 DE" -1 PK 4: 31

Authentication: 203948550

Date: 10-27-20