

Document Number

E01804

CT Corporation S
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Tallahassee, FL 32301
Tel 850 222 1092
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Attn: Jeff Netherton

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-11/21/00--01003--004
*****87.50 *****87.50

CORPORATION(S) NAME

Senmed, Inc.

- | | | |
|--|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input checked="" type="checkbox"/> Name Registration | <input type="checkbox"/> Change of P |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
Acknowledgement _____
W.P. Verifier _____

11/20/00

Order#:

Ref#:

Amount:\$

RECEIVED
DIVISION OF REVENUES
00 NOV 20 PM 2:07
TALLAHASSEE, FLORIDA
FILED
00 NOV 20 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

hjc
11/20

**RENEWAL APPLICATION FOR A FOREIGN NAME REGISTRATION FOR
FOREIGN PROFIT CORPORATION**

IN COMPLIANCE WITH SECTION 607.0403, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO RENEW A FOREIGN NAME REGISTRATION:

1. SENMED, INC.
(Corporate name as listed in number 1 of initial registration)

2. Delaware
(State or country under the laws of which it is incorporated)

3. E01804
(Document number assigned by Florida Department of State)

4. 11-26-1986
(Date of incorporation)

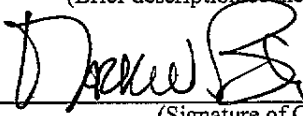
5. _____
(Federal Employer Identification number, if applicable)

6. 4445 Lake Forest Dr., Cincinnati, Ohio 45242

(Current mailing address)

7. Management Services

(Brief description of the nature of the business in which it is engaged)

8. 
(Signature of Chairman, Vice Chairman, or officer)

9. MARK W. BAILEY, VICE PRESIDENT
(Typed or printed name and capacity of person signing application)

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00 NOV 20 AM 10:09
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