

CT CORPORATION SYSTEM

E01804

CORPORATION(S) NAME

Senmed, Inc.

0

FILED  
01 NOV 14 PM 2:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100004678841--9

-11/14/01--01051--010

\*\*\*\*\*87.50 \*\*\*\*\*87.50

<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 <i>Renewal</i>	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
		<b>BK</b>
<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 \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

11/14/01

Order#: 4865662

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

RECEIVED  
01 NOV 14 AM 11:36  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS  
DEPARTMENT OF STATE

**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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