

FOOOO00000772

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: HeartBeat 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:

000003126590--3  
-02/07/00--01138--006  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

Evelyn Bailey  
(Name of Person)

HeartBeat Medical, Inc.  
(Firm/Company)

9000 Cypress Creek Dr. #103  
(Address)

Jacksonville, FL 32256  
(City/State/Zip)

00 FEB - 7 PM 4: 04  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Should you need to call someone concerning this matter, please call:

Evelyn Bailey at (904) 237-2446  
(Name of Person) (Area Code & Daytime Telephone Number)

FOO-772

Name Available	210
Document	de
Date	de
Update	de
Verify	de
Signature	de
P. V. (initials)	de

**STREET ADDRESS:**

Qualification/Tax Lien Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Qualification/Tax Lien 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. HeartBeat Medical, Incorporated  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Oregon (State or country under the law of which it is incorporated) 3. 91-1828352 (FEI number, if applicable)

4. May 5, 1997 (Date of incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")

6. ASAP  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 9000 Cypress Green Dr. #103  
Jacksonville, FL 32256  
(Current mailing address)

8. Executive Recruitment + Placement  
(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 or Mail Drop Box **NOT** acceptable)  
Name: Robert Scott Bailey  
Office Address: 9000 Cypress Green Dr. #103  
Jacksonville, Florida, 32256  
(Zip code)

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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.*

RSB  
(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.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

**A. DIRECTORS (Street address only - P.O. Box NOT acceptable)**

Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Vice Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Director: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Director: \_\_\_\_\_  
Address: \_\_\_\_\_

**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**

President: Robert Scott Bailey  
Address: 2026 Forest Gate Dr. E  
Jacksonville, FL 32246  
Vice President: \_\_\_\_\_  
Address: \_\_\_\_\_

Secretary: \_\_\_\_\_  
Address: Evelyn B. Bailey  
2026 Forest Gate Dr. E  
Treasurer: Jacksonville, FL 32246  
Address: \_\_\_\_\_

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 FEB -7 PM 4:04

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

13. Evelyn B. Bailey  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. Evelyn B. Bailey, Secretary/Treasurer  
(Typed or printed name and capacity of person signing application)

CERTIFICATE

# State of Oregon

OFFICE OF THE SECRETARY OF STATE  
Corporation Division

I, **BILL BRADBURY**, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

**HEARTBEAT MEDICAL, INC.**

was  
incorporated  
under the Oregon  
**Business Corporation Act**  
on  
**May 5, 1997**

and is active on the records of the Corporation Division as of the date of this certificate.

*In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.*

**BILL BRADBURY**, Secretary of State



By

*Marilyn R. Smith*  
Marilyn R. Smith

January 27, 2000