

# FOO0000004728

Florida Department of State  
Division of Corporations  
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Katherine Harris, Secretary of State

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To: Division of Corporations  
Fax Number : (850) 922-4003

From: Account Name : CUMMINGS & LOCKWOOD  
Account Number : 102336001100  
Phone : (941) 649-3186  
Fax Number : (941) 263-0703

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TALLAHASSEE, FLORIDA

## FOREIGN PROFIT QUALIFICATION

SURGICALTECHNIQUE.COM, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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**TRANSMITTAL LETTER**

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: SURGICALTECHNIQUE.COM, 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:

Jean Marie Naczi

(Name of Person)

Cummings & Lockwood

(Firm/Company)

3001 Tamiami Trail N., 4th Floor

(Address)

Naples, FL 34103

(City/State/Zip)

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

Jean M. Naczi

(Name of Person)

at (941) 649-3186

(Area Code & Daytime Telephone Number)

**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

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# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE  
STATE OF FLORIDA.

1. SURGICALTECHNIQUE.COM, INC.  
(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. Delaware  
(State or country under the law of which it is incorporated)
3. 06-1589805  
(FEI number, if applicable)
4. July 19, 2000  
(Date of incorporation)
5. Perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. July 19, 2000  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 101 Eighth Street South  
Naples, FL 34102  
(Current mailing address)

8. to provide information services and any other lawful act or activity permitted corporations under the laws of Florida  
(Purposes(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)

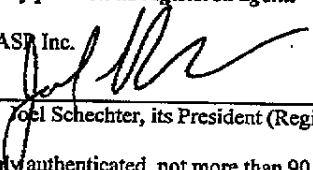
Name: CLASP Inc.  
Office Address: 3001 Tamiami Trail North, 4th Floor  
Naples, Florida, 34103  
(Zip Code)

## 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.*

CLASP Inc.

By:

  
Joel Schechter, its President (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)

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**A. DIRECTORS (Street address only - P.O. Box NOT acceptable)**Director: H. Morton Bertram, III, M.D.Address: 4435 Dover Court, Unit 702Naples, FL 34105Director: Anthony C. RispoliAddress: 101 8th Street SouthNaples, FL 34102Director: Jim CossettaAddress: 501 Goodlette Road, Suite C210Naples, FL 34102**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**President: H. Morton Bertram, III, M.D.Address: 4435 Dover Court, Unit 702Naples, FL 34105

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Jim CossettaAddress: 501 Goodlette Road, Suite C210Naples, FL 34102Treasurer: Anthony C. RispoliAddress: 101 8th Street SouthNaples, FL 34102**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. H. Morton Bertram III, M.D., President

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

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*State of Delaware*  
*Office of the Secretary of State*

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SURGICALTECHNIQUE.COM, 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 THIRTY-FIRST DAY OF JULY, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



A handwritten signature in cursive script, reading "Edward J. Freel".

Edward J. Freel, Secretary of State

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AUTHENTICATION: 0590637

DATE: 07-31-00

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