

*State Records*  
**F00000005752**

\_\_\_\_\_  
Address  
\_\_\_\_\_  
City/State/Zip Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. Medical Acquisition Wireles  
(Corporation Name) (Document #)

2. Inc  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

300003423939--3  
-10/13/00--01027--002  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

☒ Walk in  
☐ Mail out

☐ Pick up time  
☐ Will wait

☐ Photocopy

☒ Certified Copy  
☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other



**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☒ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

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00 OCT 13 AM 11:21  
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TALLAHASSEE, FLORIDA

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*Handwritten signature/initials*

**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.*

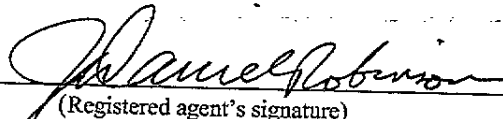
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1. Medical Acquisition Wireless, Inc..  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Delaware 3. 77-0549218  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. July 24, 2000 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon qualification  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 1735 Technology Drive, Suite 790, San Jose, CA 95110  
(Principal office address)  
1735 Technology Drive, Suite 790, San Jose, CA 95110  
(Current mailing address)
8. Software Development  
(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: J. Daniel Robinson  
Office Address: 1035 NW 57th Street  
Gainesville, Florida 32605  
(City) (Zip code)

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**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.*

  
(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 business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Anthony N. LaPine  
Address: 1735 Technology Drive, Suite 790  
San Jose, CA 95110

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Vice Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_  
Director: Charles K. Dargan II  
Address: 1735 Technology Drive, Suite 790  
San Jose, CA 95110

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

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B. OFFICERS

President: Anthony N. LaPine  
Address: 1735 Technology Drive, Suite 790  
San Jose, CA 95110

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

Secretary: Tali Durant  
Address: 1735 Technology Drive, Suite 790, San Jose, CA 95110

Treasurer: Charles K. Dargan II  
Address: 1735 Technology Drive, Suite 790, San Jose, CA 95110

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

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

14. Tali Durant, Secretary  
(Typed or printed name and capacity of person signing application)

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

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE DELAWARE, DO HEREBY CERTIFY "MEDICAL ACQUISITION WIRELESS, 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-FIFTH DAY OF JULY, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDICAL ACQUISITION WIRELESS, INC." WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF JULY, A.D. 2000.

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

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*Edward J. Freel*

Edward J. Freel, Secretary of State

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AUTHENTICATION: 0579317

DATE: 07-25-00