

CT CORPORATION SYSTEM

F00000006892

660 E. CORPORATE BLVD. TALLAHASSEE, FL 32301

Tel. 850 222 1092

Fax 850 222 7413
ATS Medical Sales, Inc.

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*****70.00 *****70.00

<input checked="" type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input checked="" 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 type="checkbox"/> Name Registration	<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
<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		

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TALLAHASSEE, FLORIDA

Name _____
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Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

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Order#: 3467556

Ref#: _____

Amount: \$ _____

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**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. ATS Medical Sales, 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. Minnesota

(State or country under the law of which it is incorporated)

3. 41-1987647

(FEI number, if applicable)

4. November 09, 2000

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. November 13, 2000

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

7. 3905 Annapolis Lane, Suite 105 Minneapolis, Minnesota 55447

(Current mailing address)

8. Sale of medical devices.

(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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida, 33324

(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.

C T Corporation System

Michelle R. Gustafson, Asst. Secy.

(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: See attached list.

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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

President: See attached list.

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. John H. Jungbauer, CFO
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. John H. Jungbauer, Chief Financial Officer
(Typed or printed name and capacity of person signing application)

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Officers' Name	Title	Address and Phone Number
Manuel A. Villafana	President and Chief Executive Officer	3905 Annapolis Lane, Suite 105 Minneapolis, MN 55447 (763) 553-7736
Richard W. Kramp	Secretary and Chief Operations Officer	3905 Annapolis Lane, Suite 105 Minneapolis, MN 55447 (763) 553-7736
Russell W. Felkey	Executive Vice President	3905 Annapolis Lane, Suite 105 Minneapolis, MN 55447 (763) 553-7736
John H. Jungbauer	Chief Financial Officer	3905 Annapolis Lane, Suite 105 Minneapolis, MN 55447 (763) 553-7736
Frank R. Santiago	Vice President, Sales & Marketing	3905 Annapolis Lane, Suite 105 Minneapolis, MN 55447 (763) 553-7736

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ATS MEDICAL SALES, INC.

DIRECTORS

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Officers' Name	Title
Manuel A. Villafana	Director
Richard W. Kramp	Director
John H. Jungbauer	Director

State of Minnesota

SECRETARY OF STATE

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SECRETARY OF STATE

Certificate of Good Standing

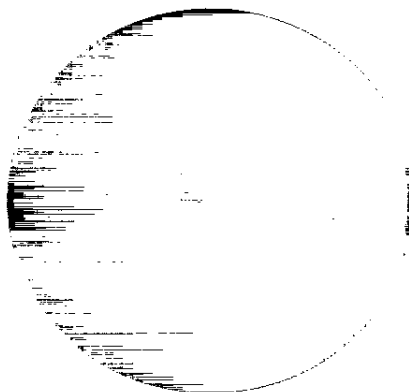
I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

Name: ATS Medical Sales, Inc.

Date Formed: 11/09/2000

Chapter Governed By: 302A

This certificate has been issued on 12/11/00.



Mary Kiffmeyer
Secretary of State.