

FO1000002601

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hypertension Diagnostics, 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:

Suzette McNally
(Name of Person)

Lindquist / Vennum
(Firm/Company)

4200 IDS Center, 80 S 8th St
(Address)

Minneapolis MN 55402
(City/State and Zip code)

For further information concerning this matter, please call:

Suzette McNally at (612) 371 3274
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|---|--|---|---|

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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. Hypertension Diagnostics, 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 3. 41-1618036
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 07/19/1988 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. 2915 Waters Road, Suite 108, Eagan, MN 55121
(Principal office address)
- same
(Current mailing address)
- Sale/lease of cardiovascular profiling equipment
8. _____
(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
(City) (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.

BY: Kevin D. Lumberg 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 business addresses of officers and/or directors:

A. DIRECTORS

Chairman: SEE ATTACHMENT

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: SEE ATTACHMENT

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

14. James S. Murphy, Vice President

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

**OFFICERS AND DIRECTORS
OF
HYPERTENSION DIAGNOSTICS, INC.**

<u>NAME</u>	<u>TITLE(S)</u>	<u>BUSINESS ADDRESS</u>
Kenneth W. Brimmer	Chairman of the Board	2915 Waters Road, Suite 108 Eagan, MN 55121
Greg H. Guettler	President. and Director	2915 Waters Road, Suite 108 Eagan, MN 55121
Charles F. Chesney	Exec. V.P, Secretary, CTO, and Director	2915 Waters Road, Suite 108 Eagan, MN 55121
James S. Murphy	Sr. V.P, Finance and Admin, CFO	2915 Waters Road, Suite 108 Eagan, MN 55121
E. Paul Maloney	V. President - Engineering	2915 Waters Road, Suite 108 Eagan, MN 55121
Jay N. Cohn	Director	2915 Waters Road, Suite 108 Eagan, MN 55121
Melville R. Bois	Director	2915 Waters Road, Suite 108 Eagan, MN 55121

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TALMADGE

State of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

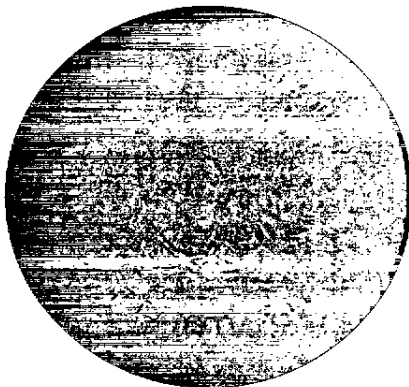
I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the 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: Hypertension Diagnostics, Inc.

Date Formed: 07/19/1988

Chapter Governed By: 302A

This certificate has been issued on 05/04/01.



Mary Kiffmeyer
Secretary of State.

RECEIVED
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FBI