					COMPLETING THIS FORM.	
REINSTATEMENT				PARTMENT OF STATE etary of State of Corporations	FILE® 03 MAR 19 AM 11: 44	
DOCUMENT # F01000003839 1. Corporation Name					SEGMETARY OF STATE TALLAHASSEE, FLORIDA	
CHROMAVISION MEDICAL SYSTEMS, INC.						
					400009505564 04/03/0301013005 **17,50	
				ddress SEO CERVEZA	12/13/02 01056 004 150.01	
Suite, Apt. #, etc. Suite, Apt. /					4. Date Incorporated or Qualified	
City & State City & State			City & State		To Do Business in Florida July 19, 2001	
			 	CAPISTRANO, CA	5. FEI Number Applied For Not Applicable	
^{Zip} 9267	Country	.	^{zip} 92675	Country	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status	
-			7. Name a	nd Address of Current Regist	ored Agent	
	NRAI SERVICES INC					
	Street Address (P.O. Box Number is Not Acceptable) 526 EAST PARK AVE				CHRISTIE AT 1)2-0	
•	Suite, Apt. #, Etc.				400009505564	
\$ *	City TALLAHASEE				04/03/03 01013 005 **750 00 \$5 State Zip Code FL 32301	
8. I, bein	appointed the registere	d agent of the abov	e-named corporation,	am familiar with and accept the	obligations of section 607.0505 or 617.0503, F.S.	
Signature Registered		(Dic	GISTERED AGENT M	UST SIGN Charles Ba	Date March 18, 2003	
9. Name	and Street Addresses	of Each Officer and	or Director (Florida no	nprofit corporations must list at	east 3 directors)	
Titles	Name of Officers and/or Directors			Street Address of Ea Officer and/or Direct		
PCOO	CARL W. APFELBACH		331	71 PASEO CERVEZA	SAN JUAN CAPO, CA 92675	
CFO	STEVE DIXON			71 PASEO CERVEZA	SAN JUAN CAPO, CA 92675	
VP	KENNETH D BAUER, PHD		3317	71 PASEO CERVEZA	SAN JUAN CAPO, CA 92675	
VP	MIKE G SCHNEIDER		3317	71 PASEO CERVEZA	SAN JUAN CAPO, CA 92675	
VP	JOSE DE LA TORRE BUENO, PHD			71 PASEO CERVEZA	SAN JUAN CAPO, CA 92675	
/PM DAVID WEISENTHAL			2217	1 PASEO CERVEZA	SAN JUAN CAPO, CA 92675	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

949-443-3355

Daytime Phone #

03/13/03

Date