

Division of Corporations

F02000002750**Florida Department of State**

Division of Corporations

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From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353

Phone : (212) 431-5000

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FOREIGN PROFIT QUALIFICATION**MARKMAN MEDICAL INSTRUMENTS CO., INC.**

Name Availability	
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Certificate of Status	0
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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. Markman Medical Instruments Co., 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. Nevada 3. 86-0863578
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. March 28, 1997 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon filing
(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. 17850 Deauville Lane, Boca Raton, FL 33496
(Principal office address)

17850 Deauville Lane, Boca Raton, FL 33496
(Current mailing address)

8. see attached rider
(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: Murray Markman

Office Address: 17850 Deauville Lane

Boca Raton, Florida 33496
(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.

Murray Markman
(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.

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- 8a. To engage in and transact any lawful business for, which corporations may be incorporated under the Florida General Corporation Act. No other purposes limit this in any way.
- 8b. To do such other things that are incidental to the purposes of the corporation or necessary or desirable in order to accomplish them.
- 8c. Arrange for training and instructional sessions for physicians, surgeons and medical technicians in the use of devices outlined in 8 e below.
- 8d. Arrange for manufacture and distribution of devices outlined in 8e below.
- 8e. Seek inventions and modifications of various medical instruments and / or devices for use and adaptation in surgical and other medical procedures.

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62 White Street
New York, NY 10013
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12. Names and business addresses of officers and/or directors:

H020001467487

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Murray MarkmanAddress: 17850 Deauville Lane, Boca Raton, FL 33496

Director: _____

Address: _____

B. OFFICERSPresident: Murray MarkmanAddress: 17850 Deauville Lane, Boca Raton, FL 33496

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. Murray Markman

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

14. Murray Markman/President

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

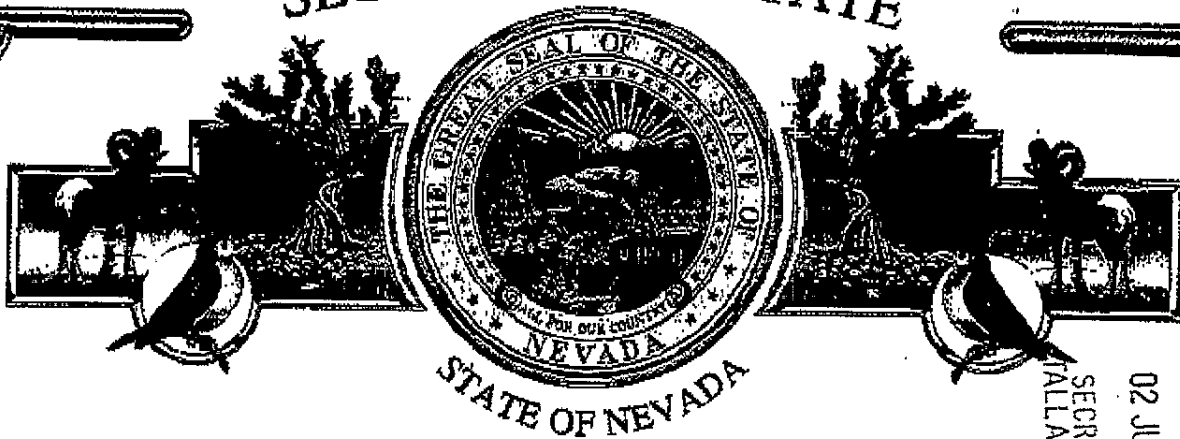
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**CERTIFICATE OF EXISTENCE
WITH STATUS IN GOOD STANDING**

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **MARKMAN MEDICAL INSTRUMENTS, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since March 28, 1997, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on May 28, 2002.

DEAN HELLER
Secretary of State

By
Certification Clerk



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