

CT CORPORATION

# F02000002840

FILED  
JUN -4 PM 1:39  
TALLAHASSEE, FLORIDA

CORPORATION(S) NAME

ELA Medical, Inc.

900005678149--6  
06/04/02 01017-022  
\*\*\*1150.00 \*\*\*1150.00

900005678149--6  
06/04/02 01017-021  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

**BK**

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Profit   | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger             |
| <input type="checkbox"/> Nonprofit           | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark               |
| <input checked="" type="checkbox"/> Foreign  | <input type="checkbox"/> Reinstatement          | <input type="checkbox"/> Other              |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Change of RA       |
| <input type="checkbox"/> LLC                 | <input type="checkbox"/> Name Registration      | <input type="checkbox"/> UCC                |
| <input type="checkbox"/> Certified Copy      | <input type="checkbox"/> Fictitious Name        | <input type="checkbox"/> CUS                |
| <input type="checkbox"/> Call When Ready     | <input type="checkbox"/> Photocopies            | <input type="checkbox"/> After 4:30         |
| <input checked="" type="checkbox"/> Walk In  | <input type="checkbox"/> Call If Problem        | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out            | <input type="checkbox"/> Will Wait              |   |

Name \_\_\_\_\_  
 Availability \_\_\_\_\_  
 Document \_\_\_\_\_  
 Examiner \_\_\_\_\_  
 Updater \_\_\_\_\_  
 Verifier \_\_\_\_\_  
 W.P. Verifier \_\_\_\_\_

ADM 6/4/02  
 1,150.00 MS  
 70.00  
 GERT  
 CF

Order#: 5374519

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

RECEIVED  
02 JUN -4 AM 11:18  
TALLAHASSEE, FLORIDA

660 East Jefferson Street  
 Tallahassee, FL 32301  
 Tel. 850 222 1092  
 Fax 850 222 7615



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

June 4, 2002

C T CORPORATION SYSTEM  
TALLAHASSEE, FL  
SUBJECT: ELA MEDICAL, INC.  
Ref. Number: W02000016123

02 JUN -4 11:39  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 JUN -6 AM 11:25  
RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

We have received your document for ELA MEDICAL, INC. and your check(s) totaling \$1220.00. However, the document has not been filed and is being retained in this office for the following:

Please note that we have also RETAINED your \$1,220.00 payment.

The Delaware certificate page you have sent appears to be the cover page of a Certified Copy of some Merger Documents.

What we must obtain is a CERTIFICATE OF STATUS or a CERTIFICATE OF EXISTENCE. The Certificate must state that the corporation is incorporated in Delaware, and that it hasn't been dissolved as of the date of the certificate.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

To: Buck Kohr  
Corporate Specialist

Letter Number: 002A00036079

From: Melanie / CT

6-6-02  
3:00

★ Please, back-date this Filing to 6-4-02.

Shank-jm  
M.S.

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

02 JUN -4 PM 1:39 FILED STATE ARCHIVE STATE TALLAHASSEE 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. ELA Medical, 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 (State or country under the law of which it is incorporated)
3. 41-1357627 (FEI number, if applicable)
4. 04/24/1979 (Date of incorporation)
5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")
6. 12/20/2001 (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. 2950 Xenium Lane N, Plymouth, MN 55441 (Principal office address)
same (Current mailing address)

8. Distribute implantable defibrillators, pacemakers and accessories (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.

C T Corporation System
By: Lauren Greco, Lauren Greco ASST. Secretary
(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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TALLAHASSEE, FLORIDA

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: \_\_\_\_\_

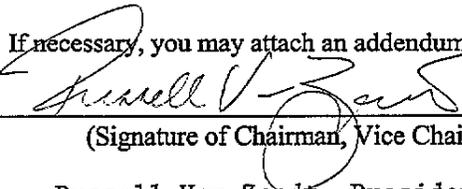
Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

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

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

14. Russell Van Zandt, President  
(Typed or printed name and capacity of person signing application)

ELA Medical, Inc.  
Directors and Officers  
May 8, 2002

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Directors

Bruno Inguaggiato  
Arnaldo Virando

2950 Xenium Lane N, Plymouth, MN 55441  
2950 Xenium Lane N, Plymouth, MN 55441

Officers

Russell Van Zandt  
Peter Jacobson

President  
Vice  
President

2950 Xenium Lane N, Plymouth, MN 55441  
2950 Xenium Lane N, Plymouth, MN 55441

# Delaware

PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ELA MEDICAL, 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 FIFTH DAY OF JUNE, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

0871418 8300

AUTHENTICATION: 1813497

020359821

DATE: 06-05-02