

Tallahassee, FL 32301

(850) 878-4734 Kathi or Brent

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

,	(3) 44 2 3 3 3 3		((
1. VAscular	Sciences	Porporation	
(Corpo	oration Name)		(Document #)
2.			
(Corpo	oration Name)		(Document #)
3			
(Corpo	ration Name)		(Document #)
4			5000063493655 07/12/02-01010023
(Corpo	ration Name)		(Document #*****78.75 ******78.75
Walk in	Pick up time	7/12	Certified Copy
□ Mail Out	□ Will wait	□ Photocopy	☐ Certificate of Status
NEW FILINGS		AMENDMENTS	
□ Profit		☐ Amendment	
□ Not for Profit		☐ Resignation of l	R.A., Officer/Director
☐ Limited Liability		Change of Regi	stered Agent
□ Domestication		☐ Dissolution/Wit	hdrawal
□ Other		□ Merger	21, 2 P
OTHER FILINGS		REGISTRATION	VQUALIFICATION E
□ Annual Report		4 2 Foreign	VOUALIFICATION Ship Ship
☐ Fictitious Name		☐ Limited Partner	ship = m
		☐ Reinstatement	
		□ Trademark	
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CR2E031(7/97)	รห ดีเTมี่	SECRETARY OF CORR	Examiner's Initials
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TRANSMITTAL LETTER

	tion Section of Corporations			
SUBJECT:	Vascular Sciences Corporation			
	(Name of corporation - must include suffix)			
Dear Sir or Mada	ım:			
The enclosed "A "Certificate of E to transact businesses	pplication by Foreign Corporation for Authorization to Transact Business in Florida", kistence", and check are submitted to register the above referenced foreign corporation ess in Florida.			
Please return all	correspondence concerning this matter to the following:			
	Richard C. Davis, Jr., M.D.			
	(Name of Person)			
	Vascular Sciences Corporation			
	(Firm/Company)			
	612 Florida Avenue 2 Vos			
	(Address)			
_	Palm Harbor, FL 34683			
	Palm Harbor, FL 34683 (City/State and Zip code) (City/State and Zip code) Part of the p			
For further information concerning this matter, please call:				
Mark Cadigan	at (858) 638-6658			
	f Person) (Area Code & Daytime Telephone Number)			
STREET ADDR Registration Section Division of Corporation 409 E. Gaines St. Tallahassee, FL 3	on Registration Section prations Division of Corporations P.O. Box 6327			
Enclosed is a chec	ck for the following amount:			
□ \$70.00 Filing I	Fee			

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 Vas	cular Sciences Corporation					
words or abbrev	ration; must include the word "INCORPOR iations of like import in language as will cle r partnership if not so contained in the name	early	indicate that it is a cornoration inste	ON" or ead of a		_ `
2. Delaw	are	3				
(State or country	under the law of which it is incorporated)	- J.	(FEI number, if appl	icable)		_
June 6, 2	002	5.	Perpetual			
(Date	e of incorporation)		(Duration: Year corp. will cease to	exist or "perpet	ual")	<u> </u>
6. Upon Qualif						
	cted business in Florida. If corporation has (SEE SECTIONS 607.1 Avenue, Palm Harbor, FL 34683	not 501	transacted business in Florida, insert 607.1502 and 817.155, F.S.)	"upon qualifica	tion.	")
	(Principal office	addı	ess)			— ·
612 Florida	Avenue, Palm Harbor, FL 34683		,			
-	(Current mailing	addr	ess)	<u> </u>		
o	ge in any lawful act or activity under the				R ∭_	SECRE DIVISION
	eet address of Florida registered ager			•	12 PM	FILLEU FARY OF CORPC
Name: _	Richard C. Davis, Jr., M.D.		<u> </u>			SIA
Office Address:	612 Florida Avenue				1:28	SHOLL
_	Palm Harbor		34683			
	(City)	-	(Zip code)	•		
Having been nam designated in this further agree to co	gent's acceptance: ed as registered agent and to accept se application, I hereby accept the appoi omply with the provisions of all statute amiliar with and accept the obligation. (Registered agent's	ntmes res	ent as registered agent and agre lative to the proper and complet my position as registered agent.	e to act in this		

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. DIRE	CCTORS	
Chairman:	Richard C. Davis, Jr., M.D.	
Address: _	612 Florida Avenue	
_	Palm Harbor, FL 34683	-54
Vice Chair	man:	
		,
 Director: _	Richard C. Davis, Jr., M.D.	
Address:	612 Florida Avenue	<u> </u>
_	Palm Harbor, FL 34683	
Director: _		
_	02.	SE
B. OFFIC	CERS	ORE TO
President:	Richard C. Davis, Jr., M.D.	RY OR
Address: _	612 Florida Avenue	STA
_	Palm Harbor, FL 34683	10 Kg
Vice Presid	lent:	
Address: _		
		
Secretary:	Richard C. Davis, Jr., M.D.	
Address: _	612 Florida Avenue, Palm Harbor, FL 34683	
Treasurer:	Ray Gonzalez	
Address: _	612 Florida Avenue, Palm Harbor, FL 34683	
NOTE: If	f necessary, you may attach an addendum to the application listing additional officers and/or directors.	
13	(Signature of Chairman Vice Chairman areas 65 Vice Vice Vice Vice Vice Vice Vice Vice	<u>- </u>
14 Richa	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) and C. Davis, Jr., M.D., President	
X7. <u>- 1 11 01 10</u>	(Typed or printed name and capacity of person signing application)	

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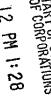
Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VASCULAR SCIENCES CORPORATION" 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 THIRD DAY OF JULY, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VASCULAR SCIENCES CORPORATION" WAS INCORPORATED ON THE FIFTH DAY OF JUNE, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.





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Darriet Smith Windson

AUTHENTICATION: 1868527

DATE: 07-03-02