

F02000006366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

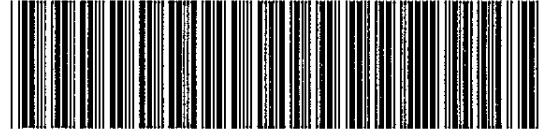
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

02 DEC 23 PM 12:21

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 DEC 23 AM 9:57

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CT CORPORATION

December 23, 2002

Secretary of State, Florida
409 East Gaines Street
Tallahassee FL 32399

Re: Order #: 5708624 WO
Customer Reference 1: None
Customer Reference 2: Add Guild & Ortho

Dear Secretary of State, Florida:

Please file the attached:

AKSM Guild, Inc. (DE)
Qualification
Florida

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Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at
(850) 222-1092. Thank you very much for your help.

Sincerely,

Jeffrey J Netherton
Sr. Fulfillment Specialist
Jeff_Netherton@cch-lis.com

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

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

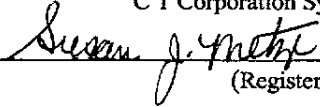
*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. AKSM/Guild, 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 3. 31-1749163
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/22/2000 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 11/30/2002
(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. 100 W. Third Ave St 350, Columbus, OH 43201
(Principal office address)
same
(Current mailing address)
8. Medical Services for Urology based company
(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: 
(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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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

SEE ATTACHMENT

President: _____

Address: _____

Vice President: Ann Stevens

Address: 100 W. Third Ave St 350

Columbus, OH 43201

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13.  RIC HUGHES CFO

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

14. H

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

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Attachment to Florida

Officers & Directors

-
- | | | |
|----|-------------------|-------------------------|
| 1. | Full Name: | Henry A. Wise, II, M.D. |
| | Officer/Director: | Officer |
| | Officer's Title: | CFO |
| | Business Address: | 100 W. Third Ave St 350 |
| | City: | Columbus |
| | State: | OH |
| | ZIP Code: | 43201 |
| | | |
| 2. | Full Name: | Ann Stevens |
| | Officer/Director: | Officer |
| | Officer's Title: | VP |
| | Business Address: | 100 W. Third Ave St 350 |
| | City: | Columbus |
| | State: | OH |
| | ZIP Code: | 43201 |
| | | |
| 3. | Full Name: | Ric Hughes |
| | Officer/Director: | Officer |
| | Officer's Title: | CFO |
| | Business Address: | 100 W. Third Ave St 350 |
| | City: | Columbus |
| | State: | OH |
| | ZIP Code: | 43201 |

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Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AKSM/GUILD, 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 TWENTIETH DAY OF DECEMBER, A.D. 2002.

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

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

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SECRETARY OF STATE
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02 DEC 23 AM 9:58



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 2164517

DATE: 12-20-02