

F03000000720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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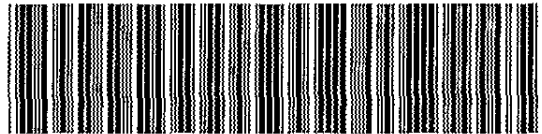
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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ALLAINE SEE, FLORIDA
INTEGRATIONS

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DIVISION OF CORPORATION

J. BRYAN FEB 12 2003

CT CORPORATION

February 12, 2003

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

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TALLAHASSEE, FLORIDA

Re: Order #: 5747122 WO
Customer Reference 1: Arizant Healthcare Inc
Customer Reference 2: Arizant Healthcare Inc

Dear Secretary of State, Florida:

Please file the attached:

Arizant Healthcare Inc. (MN)
Qualification
Florida

I also need a Certified Copy of this filing upon completion. Thanks!

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,

Ashley A Mitchell
Fulfillment Specialist
Ashley_Mitchell@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. Arizant Healthcare 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. Minnesota

(State or country under the law of which it is incorporated)

3. 37-1455988

(FEI number, if applicable)

4. 01/23/2003

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. 01/24/2003

(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. 10393 W 70th Street, Eden Prairie, MN 55344

(Principal office address)

same

(Current mailing address)

Selling Medical Devices

8. _____

(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

(City)

, Florida 33324

(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

Assistant 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.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

SEE ATTACHMENT

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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TALLAHASSEE, FLORIDA

B. OFFICERS

SEE ATTACHMENT

President: _____

Address: _____

Vice President: Marie B. Humbert

Address: 10393 W 70th Street

Eden Prairie, MN 55344

Secretary: M. Preston Luman

Address: 10393 W 70th Street Eden Prairie, MN 55344

Treasurer: Marie B. Humbert

Address: 10393 W 70th Street Eden Prairie, MN 55344

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

13. Marie B. Humbert, VP Finance
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Marie Humbert, Vice President
(Typed or printed name and capacity of person signing application)

Attachment to Florida
Officers & Directors

-
- | | | |
|----|-------------------|---------------------------------------|
| 1. | Full Name: | Marie B. Humbert |
| | Officer/Director: | Officer |
| | Officer's Title: | VP of Finance/Treasurer |
| | Business Address: | 10393 W 70th Street |
| | City: | Eden Prairie |
| | State: | MN |
| | ZIP Code: | 55344 |
| | | |
| 2. | Full Name: | M. Preston Luman |
| | Officer/Director: | Officer |
| | Officer's Title: | Chief Financial Officer and Secretary |
| | Business Address: | 10393 W 70th Street |
| | City: | Eden Prairie |
| | State: | MN |
| | ZIP Code: | 55344 |
| | | |
| 3. | Full Name: | John E. Thomas |
| | Officer/Director: | Officer |
| | Officer's Title: | Chief Executive Officer |
| | Business Address: | 10393 W 70th Street |
| | City: | Eden Prairie |
| | State: | MN |
| | ZIP Code: | 55344 |
| | | |
| 4. | Full Name: | Gary R. Maharaj |
| | Officer/Director: | Officer |
| | Officer's Title: | VP, Marketing, R&D |
| | Business Address: | 10393 W 70th Street |
| | City: | Eden Prairie |
| | State: | MN |
| | ZIP Code: | 55344 |
| | | |
| 5. | Full Name: | Richard D. Schultz |
| | Officer/Director: | Officer |
| | Officer's Title: | VP Manufacturing |
| | Business Address: | 10393 W 70th Street |
| | City: | Eden Prairie |
| | State: | MN |
| | ZIP Code: | 55344 |
| | | |
| 6. | Full Name: | J. Randall Benham |
| | Officer/Director: | Officer |
| | Officer's Title: | General Counsel |
| | Business Address: | 10393 W 70th Street |
| | City: | Eden Prairie |
| | State: | MN |
| | ZIP Code: | 55344 |

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TALLAHASSEE, FLORIDA

7. Full Name: Robert G. Buchler
Officer/Director: Officer
Officer's Title: VP General Mgr Intl Business
Business Address: 10393 W 70th Street
City: Eden Prairie
State: MN
ZIP Code: 55344
8. Full Name: Douglas A. Hall
Officer/Director: Officer
Officer's Title: VP and Chief Sales Officer
Business Address: 10393 W 70th Street
City: Eden Prairie
State: MN
ZIP Code: 55344
9. Full Name: Jerry J. Johnson
Officer/Director: Director
Officer's Title:
10. Full Name: Arthur R. Kydd
Officer/Director: Director
Officer's Title:
Business Address: 10180 Viking Drive
City: Eden Prairie
State: MN
ZIP Code: 55344
11. Full Name: John E. Underwood
Officer/Director: Director
Officer's Title:
Business Address: Crossroads Corporate Center, Suite 609
City: Mahwah
State: NJ
ZIP Code: 07495-0025
12. Full Name: Jim Ehlen
Officer/Director: Director
Officer's Title:
Business Address: 3174 Running Deer Circle
City: Louisville
State: KY
ZIP Code: 40241

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CORPORATIONS
ALLAHASSEE, FLORIDA

State of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

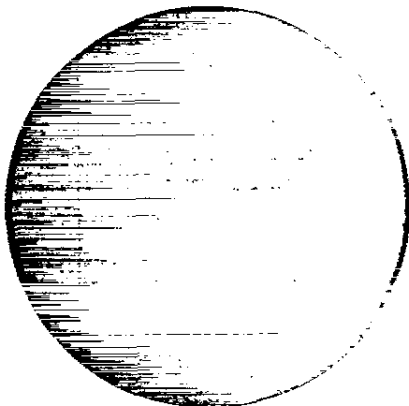
Name: Arizant Healthcare Inc.

Date Formed: 01/23/2003

Chapter Governed By: 302A

This certificate has been issued on 02/06/03.

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TALLAHASSEE, FLORIDA



Mary Kiffmeyer
Secretary of State.