# F030000/010

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
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(Document Number)
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#### **CT** CORPORATION

February 28, 2003

Secretary of State, Florida 409 East Gaines Street Tallahassee FL 32399 MISTER TO PA 1:59

TO THE THE SEE TO PROPERTY OF THE PARTY OF THE PART

Re: Order #: 5798030 SO

Customer Reference 1: 16695-000

Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Emphasys Medical, Inc. (DE) Qualification Florida

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,

Melanie S Strickland
Fulfillment Specialist
Melanie\_Strickland@cch-lis.com

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

### TRANSMITTAL LETTER

TO: Registration Se	hasys Medical, Inc.  (Name of corporation - must include suffix)
Division of Con	rporations – Eig 63
SUBJECT: Empl	hasys Medical, Inc.
SUBJECT	(Name of corporation - must include suffix)
Dear Circu Madam.	
Dear Sir or Madam:	
	ation by Foreign Corporation for Authorization to Transact Business in Florida", ce", and check are submitted to register the above referenced foreign corporation Florida.
Please return all corresp	spondence concerning this matter to the following:
Lauren Cristina	· · · · · · · · · · · · · · · · · · ·
	(Name of Person)
Emphasys Medic	eal, Inc.
	(Firm/Company)
2686 Middlefield	Rd., Suite A
<u> </u>	(Address)
Redwood City, C	
	(City/State and Zip code)
	(City/Date and Exp code)
For further information	n concerning this matter, please call:
Lauren Cristina	at ( 650 ) 364-0400 x102
(Name of Pers	
STREET ADDRESS: Registration Section	Registration Section
Division of Corporation 409 E. Gaines St.	ns Division of Corporations P.O. Box 6327
Tallahassee, FL 32399	
Enclosed is a check for	the following amount:
☐ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certificate of Status Certified Copy Certified Copy  Certified Copy

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

(Name of c	COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO EGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.  [Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or				
	breviations of like import in language as will cle on or partnership if not so contained in the name				
2. Delawa	re	3. 94-3369555			
(State or cor	intry under the law of which it is incorporated)	(FEI number, if applicable)			
4. July 2	25, 2000	5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")			
	(Date of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")			
6. Upon	Qualification				
		not transacted business in Florida, insert "upon qualification.") 501, 607.1502 and 817.155, F.S.)			
72686	Middlefield Rd., Suite A, Redwood C	ity, CA 94063			
	(Principal office	•			
2686	Middlefield Rd., Suite A, Redwood C	ity, CA 94063			
	(Current mailing	address)			
, Field	office for Vice President of Clinical De	evelopment			
8. Puri	ose(s) of corporation authorized in home state of	r country to be carried out in state of Florida)			
9. Name and		nt: (P.O. Box or Mail Drop Box NOT acceptable)			
Nam	CT Corporation System				
Office Addre	ss: 1200 South Pine Island Road				
	Plantation	, Florida, Florida			
	(City)	(Zip code)			
	(-1.7)				

(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. DIRE	CTORS
Chairman:	Henry A. Plain, Jr.
Address: _	604-D Fifth Ave.
	Redwood City, CA 94063
Vice Chair	nan:
Address: _	
Director:	John G. McCutcheon
Address:	2686 Middlefield Rd., Suite A
	Redwood City, CA 94063
Director: _	Hanson S. Gifford, III
Address: _	604-D Fifth Ave.
_	Redwood City, CA 94063
B. OFFI	CERS
President:	John G. McCutcheon
Address: _	2686 Middlefield Rd., Suite A
_	Redwood City, CA 94063
Vice Presid	lent: Antony Fields
Address: _	2686 Middlefield Rd., Suite A
_	Redwood City, CA 94063
Secretary:	Edward Kim, Venture Law Group
Address: _	2775 Sand Hill Rd., Menlo Park, CA 94025
Treasurer:	
Address: _	
NOTE: I	f 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)
14An	tony Fields, Vice President, Research & Development  (Typed or printed name and capacity of person signing application)

PAGE 1

# Delaware

## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EMPHASYS 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 THIRTIETH DAY OF JANUARY, A.D. 2003.

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.





Warriet Smith Windson, Secretary of State

AUTHENTICATION: 2233777

DATE: 01-30-03

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