

F03000002455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

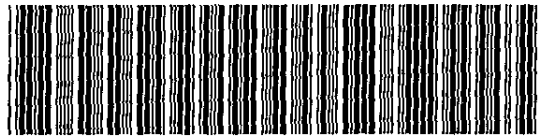
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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SECRETARY OF STATE

CT CORPORATION

May 15, 2003

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

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03 MAY 15 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Order #: 5851820 SO
Customer Reference 1:
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Perpetual 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,
Katrina Forsman

Katrina Forsman
Fulfillment Specialist
Katrina_Forsman@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. Perpetual 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 3. Applied For
(State or country under the law of which it is incorporated) (FEL number, if applicable)
4. 04/08/2003 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION
(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. 405 Lexington Avenue, 54th Floor, New York, NY 10174
(Principal office address)
- same
(Current mailing address)
8. Any lawful act or activity permitted by law.
(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/o 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: Robin LaPeters Robin LaPeters
(Registered agent's signature) Assistant Secretary

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

Chairman: SEE ATTACHMENT

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

A. D.

Director: _____

Chair: _____

Address: _____

Address: _____

B. OFFICERS

President: SEE ATTACHMENT

Address: _____

Vice President: _____

Address: _____

A. D.

Director: _____

Chair: _____

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. _____

David Neafus, CFO, Treasurer, Secretary
(Typed or printed name and capacity of person signing application)

A. D.

FL0150-12/27/03 CT Filing Manager Online

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Address: _____

Address: _____

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TALLAHASSEE, FLORIDA

OFFICERS:

**Exhibit A
OFFICER/DIRECTOR LIST
PERPETUAL MEDICAL, INC.**

Name	Address	Office	Title
Seth Harrison	405 Lexington Avenue, 54 th Floor New York, NY 10174	Chairman of the Board	
Steve Masson	405 Lexington Avenue, 54 th Floor New York, NY 10174	Vice President	
David Neafus	405 Lexington Avenue, 54 th Floor New York, NY 10174	Chief Financial Officer, Secretary	

DIRECTORS:

Name	Address	Office	Title
Seth Harrison	405 Lexington Avenue, 54 th Floor New York, NY 10174	Director	
Steve Masson	405 Lexington Avenue, 54 th Floor New York, NY 10174	Director	
David Neafus	405 Lexington Avenue, 54 th Floor New York, NY 10174	Director	

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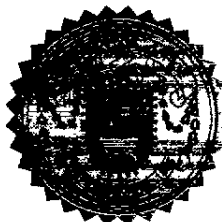
PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PERPETUAL 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 FOURTEENTH DAY OF MAY, A.D. 2003.

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

FILED
03 MAY 15 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



3645496 8300

030312660

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2415870

DATE: 05-14-03