F03000002472

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number) Certificates of Status
Special Instructions to Filing Officer:



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May 29, 2003

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

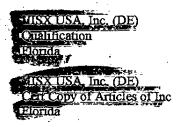
Re:

Order #: 5858983 SO

Customer Reference 1: Cûstomer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:



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.

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

· CT CORPORATION

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.	VISX USA, Inc.			<u> </u>	3 1 11
	(Name of corpor	ation; must include the word "INCORI	PORATED", "COMPANY", "CORPORATION" or	" "	
			Il clearly indicate that it is a corporation instead of a		
	natural person of	partnership if not so contained in the r	name at present.)		
2	Delaware	-	3 - 75-3090998		
		under the law of which it is incorporate			
	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_	(
4.	12/3	50/02	5. Perpetual	<u>. F</u>	
	(Date	of incorporation)	(Duration: Year corp. will cease to exist or "pe	rpetual")	
6.	"upon qualificat	ion"	The state of the s		
	(Date first transac	eted business in Florida. If corporation	has not transacted business in Florida, insert "upon quali	ification.")	
		(SEE SECTIONS 6	07.1501, 607.1502 and 817.155, F.S.)	EY,	نم ن
7.	3400 Central Ex	pressway Santa Clara, CA 95051	<u> </u>	五世 3	- <
		(Principal of	fice address)) ~ 0 =
				冊二	
		(Current mai			
		(-11-11-11-11-11-11-11-11-11-11-11-11-11		SS 1	<u>.</u>
ጵ	Sales & Services	s of Ophthalmic Medical Equipment	And the second s	- Sec. 1	تد
0.			ate or country to be carried out in state of Florida)		
	, , ,	· -			
9.	Name and str	eet address of Florida registered	agent: (P.O. Box or Mail Drop Box NOT acceptate	ole)	
	Name:	C T Corporation System	The second section is the second section of the second section in the second section is the second section of the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the section is the second section in the section is the section in the section is the section in the section is the section in the section in the section in the section is the section in the section is the section in the section in the section is the section in the section is the section in the section in the section is the section in the section is the section in the section in the section in the section is section in the section in the section is the section in the sect		
O:	ffice Address:	1200 South Pine Island Road,	<u>and the state of </u>		
		Diamenta	. 571 22224		
	•	Plantation, (City)	, Florida 33324 (Zip code)		
		(Chy)	(Zip code)		
10	Registered a	gent's acceptance:			
			ept service of process for the above stated corporate	ion at the p	olace
de	signated in this	application, I hereby accept the a	appointment as registered agent and agree to act in	this capac	city. I
fu	rther agree to c	comply with the provisions of all st	tatutes relative to the proper and complete perform	ance of m	v
đι	ities, and I am j	familiar with and accept the oblige	ations of my position as registered agent.		
		\CTC ₀	orgonation System		
			1-0-1-0	CONDI	=
	Ву:	- 1 meer 1.	NASEEM A. SPECIAL ASST.	しつけいし	ADV.
	υ <u>γ.</u>		igent's signature)	3年いれた!	kde.

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:

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_		43
icPERE	CTOR Joaquin Wolff	
ddress:	3400 Central Expressway Santa Clara, Ca 95051	· · · · · · · · · · · · · · · · · · ·
_		<u></u>
rector:	Derek Bertocci	
idress:	3400 Central Expressway Santa Clara, Ca 95051	-
rector:	Douglas Post	
ddress:	3400 Central Expressway Santa Clara, Ca. 95051	200
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o MKI		Mary Control
	ICERS	
	Donald Lee Fagen	¥m. 5
ddress:	3400 Central Expressway Santa Clara, CA 95051	
ice Presi	ident: Joaquin Wolff	
idress:	3400 Central Expressway Santa Clara, CA 95051	
cretary:	Scott W. Meggs	
ldress:	3400 Central Expressway Santa Clara, CA 95051	
easurer	:	
idress:		54 - 1444
OTE:	If necessary, you may attach an addendum to the application listing additional officers a	ind/or directors.
3	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the	
-		
1	(Typed or printed name and capacity of person signing application)	· · · · · · · · · · · · · · · · · · ·

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VISX USA, 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 TWENTY-SEVENTH DAY OF MAY, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VISX USA, INC." WAS INCORPORATED ON THE THIRTIETH DAY OF DECEMBER, A.D. 2002.

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

Warriet Smith Windson Socration of State

Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 2436456

DATE: 05-27-03

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