F03000003615

(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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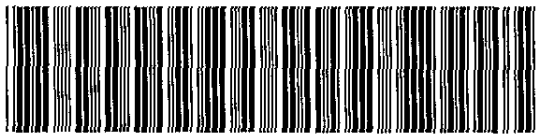

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03 JUL 21 PM 12:51
DIVISION OF CORPORATION

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03 JUL 21 PM 2:30

**CT** CORPORATION

July 21, 2003

FILED
03 JUL 21 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Re: Order #: 5897141 SO
Customer Reference 1: Invoise
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Invoise Medical, Inc. (OR)
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,

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.*

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03 JUL 21 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Inovise 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. Oregon
(State or country under the law of which it is incorporated)

3. 91-1774694
(FEI number, if applicable)

4. February 18, 1997
(Date of incorporation)

5. Perpetual
(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. 1025 Industrial Parkway, Suite C, Newberg, OR 97132
(Principal office address)

1025 Industrial Parkway, Suite C, Newberg, OR 97132
(Current mailing address)

8. Medical Technology
(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: CT Corporation

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.***

Connie Byrne
(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**

Chairman: See Addendum

Address: _____

Vice Chairman: See Addendum

Address: _____

Director: See Addendum

Address: _____

Director: See Addendum

Address: _____

**B. OFFICERS**

President: See Addendum

Address: _____

Vice President: See Addendum

Address: _____

Secretary: See Addendum

Address: _____

Treasurer: See Addendum

Address: _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

**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. Edward J. Wholihan, Secretary
(Typed or printed name and capacity of person signing application)

## ADDENDUM – INOVISE MEDICAL, INC.



**OFFICERS**

| | |
|---|---|
| CHAIRMAN: | Patricia A. White |
| PRESIDENT: | Patricia A. White |
| CHIEF EXECUTIVE OFFICER: | Patricia A. White |
| CHIEF FINANCIAL OFFICER: | Edward Wholihan |
| VICE PRESIDENT OF MARKETING: | David Starr |
| VICE PRESIDENT OF SALES AND MARKETING: | David Shelton |
| CHIEF TECHNICAL OFFICER: | Peter Galen |
| VICE PRESIDENT OF BUSINESS DEVELOPMENT: | Edward Wholihan |
| VICE PRESIDENT OF ENGINEERING AND OPERATIONS: | Damon Coffman |
| SECRETARY: | Edward Wholihan |
| ASSISTANT SECRETARY: | Annette M. Mulee |

**DIRECTORS**

Patricia A. White

Paul L. King

Richard O. Martin

David B. Swedlow

Vincent Lum

Craig T. Davenport

**ADDRESS FOR ALL:**

1025 Industrial Parkway
Suite C
Newberg, OR 97132

*CERTIFICATE*

# State of Oregon

*OFFICE OF THE SECRETARY OF STATE*
*Corporation Division*

FILED
03 JUL 21 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*I, BILL BRADBURY, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:*

***INOVISE MEDICAL, INC.***
*was*
*incorporated*
*under the Oregon*
***Business Corporation Act***
*on*
***February 18, 1997***
*and is active on the records of the Corporation Division as of the date of this certificate.*

*In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.*

*BILL BRADBURY, Secretary of State*

*By* Marilyn R Smith
*Marilyn R. Smith*
*July 14, 2003*