# 3000006233

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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12/16/09--01057--002 \*\*70.00

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J. BRYAN DEC 1 6 2003.

CORPDIRECT AGENTS, INC. (formerly CCRS) 103 N. MERIDIAN STREET, LOWER LEVEL Mark Controls TALLAHASSEE, FL 32301 222-1173 FILING COVER SHEET ACCT. #FCA-14 **CONTACT:** KATIE WONSCH DATE: 12/16/03 **REF. #:** 0173.21930 CORP. NAME: <u>CARDIAC SCIENCE, INC.</u> ( ) ARTICLES OF DISSOLUTION ( ) ARTICLES OF INCORPORATION ( ) ARTICLES OF AMENDMENT ( ) TRADEMARK/SERVICE MARK ( ) FICTITIOUS NAME ( ) ANNUAL REPORT ( XX ) FOREIGN QUALIFICATION ( ) LIMITED LIABILITY ( ) LIMITED PARTNERSHIP ( ) MERGER ( ) WITHDRAWAL ( ) REINSTATEMENT ( ) CERTIFICATE OF CANCELLATION ( ) OTHER: 507017 STATE FEES PREPAID WITH CHECK# 31136 FOR \$ 70.00 **AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:** COST LIMIT: \$\_

( ) CERTIFICATE OF GOOD STANDING

( ) PLAIN STAMPED COPY

( ) CERTIFICATE OF STATUS

PLEASE RETURN:

( XX ) CERTIFIED COPY

Examiner's Initials

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

1 CARDIAC SCIENCE, INC.	The Contract of the Contract o
<u> </u>	03, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.  NCORPORATED," "COMPANY," "CORPORATION,"
(If name unavailable in Florida, enter alterna	te corporate name adopted for the purpose of transacting business in Florida)
2. Delaware	3_33-0465681
(State or country under the law of which it is	incorporated) (FEI number, if applicable)
4. May 20, 1991	5. Perpetual
(Date of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6. January 1, 2004	
	corporation has not transacted business in Florida, insert "upon qualification.") CTIONS 607.1501, 607.1502 and 817.155, F.S.)
·	
7. 1900 Main Street, Suite 700, Irvine, CA 926	rincipal office address)
	•
1900 Main Street, Suite 700, Irvine, CA 9261	<u> </u>
	· · · · · · · · · · · · · · · · · · ·
(C	current mailing address)
·	· ,
8. Manufacture, sell and provide training on us	e of medical devices.
8. Manufacture, sell and provide training on us (Purpose(s) of corporation authorized	in home state or country to be carried out in state of Florida)
8. Manufacture, sell and provide training on us (Purpose(s) of corporation authorized	e of medical devices.
8. Manufacture, sell and provide training on us (Purpose(s) of corporation authorized	in home state or country to be carried out in state of Florida)  gistered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Manufacture, sell and provide training on us  (Purpose(s) of corporation authorized  Name and street address of Florida re  Name: National Registered Agents,	in home state or country to be carried out in state of Florida)  gistered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Manufacture, sell and provide training on us  (Purpose(s) of corporation authorized  Name and street address of Florida re  Name: National Registered Agents,	in home state or country to be carried out in state of Florida)  gistered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Manufacture, sell and provide training on us  (Purpose(s) of corporation authorized  9. Name and street address of Florida re  Name: National Registered Agents,  Office Address: 526 E. Park Avenue  Tallaha	in home state or country to be carried out in state of Florida)  gistered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Inc.
Manufacture, sell and provide training on us  (Purpose(s) of corporation authorized  9. Name and street address of Florida re  Name: National Registered Agents,  Office Address: 526 E. Park Avenue	in home state or country to be carried out in state of Florida)  gistered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Inc.
8. Manufacture, sell and provide training on us  (Purpose(s) of corporation authorized  9. Name and street address of Florida re  Name: National Registered Agents,  Office Address: 526 E. Park Avenue  Tallaha (City)  10. Registered agent's acceptance:  Having been named as registered agent and designated in this application, I hereby acceptance.	in home state or country to be carried out in state of Florida)  gistered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Inc.  Sisce, Florida
Manufacture, sell and provide training on us  (Purpose(s) of corporation authorized  9. Name and street address of Florida re  Name: National Registered Agents,  Office Address: 526 E. Park Avenue  Tallaha (City)  10. Registered agent's acceptance: Having been named as registered agent and designated in this application, I hereby acceptance and I am familiar with and accept the obliging the provision and I am familiar with and accept the obliging stered Agents.  By:	in home state or country to be carried out in state of Florida)  gistered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Inc.  Sisce, Florida

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:	Raymond W. Cohen	<u></u>			<u>- :</u> -		·
Address: 1	900 Main Street, Suite 700			, · · ·	_ On	100	
Ir	vine, CA 92614	موسد مند	<u> </u>		- 7/V	Ó. 6	3
Vice Chair	man: None		<u> </u>		<u> </u>	200	8
Address: _	<del></del>			- <del></del>		16.79.	<u> </u>
		<u> </u>				.^?	
Director: E	Howard L. Evers		<u></u>				45
Address: 1	900 Main Street, Suite 700		,. , <del>-</del>	<u></u>	·		
_1	Irvine, CA 92614	. <del></del>	<u> </u>				
Director: _	Peter Crosby		- :				
Address: 1	900 Main Street, Suite 700	<u>.</u>	• • •	·	<u>.</u>	<del></del>	
<u>I</u>	rvine, CA 92614				·	<u> </u>	·
B. OFFIC	CERS						
President:	Howard L. Evers		<u>;                                      </u>	<u></u>		·	
Address: 1	900 Main Street, Suite 700				<u>.</u>	<u></u>	<u> </u>
_1	Irvine, CA 92614			·			, ·
Vice Presid	ent: Roderick de Greef			:			
Address: 1	900 Main Street, Suite 700						
<u>I</u>	Irvine, CA 92614			<u></u>	<u> </u>		
Secretary:	Roderick de Greef		· · · · · · · · · · · · · · · · · · ·	<u>.</u>	·	·	<u> </u>
Address: 1	900 Main Street, Suite 700, Irvine, CA 92614						
Treasurer:	Roderick de Greef		<u></u>	_ <del></del>			-
Address: 1	900 Main Street, Suite 700, Irvine, CA 92614	·-			<u> </u>		<u>.</u>
NOTE: If	f necessary, you may attach an addendum to the app	oli cation listin	g additional	officers an	d/or direc	ctors.	-
13	Kedrof of				<u> </u>		
	(Signature of Director dr Officer listed in nur						
14. Roderick de Greef, Exec. V.P., CFO and Secretary  (Typed or printed name and capacity of person signing application)							

22.5

#### Cardiac Science, Inc.

#### **Additional Directors**

Brian Dovey 1900 Main Street, Suite 700 Irvine, CA 92614

Ray E. Newton, III 1900 Main Street, Suite 700 Irvine, CA 92614

Bruce Barclay 1900 Main Street, Suite 700 Irvine, CA 92614

Jeffrey F. O'Donnell, Sr. 1900 Main Street, Suite 700 Irvine, CA 92614



PAGE I

# Delaware

### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CARDIAC SCIENCE, 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 TENTH DAY OF DECEMBER, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CARDIAC SCIENCE, INC." WAS INCORPORATED ON THE TWENTIETH DAY OF MAY, A.D. 1991.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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





Varriet Smith Windson Secretary of State

Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 2799027

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8300

2263539

DATE: 12-10-03