F04000000463

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
(Bookins Nambol)
Certified Copies Certificates of Status
Certificates of Status
Special Instructions to Filing Officer:
of Mark
PENALLY OK OL
of of
₽ø.

Office Use Only

PILED

O4 JAN 26 PM 1: 15

SECRETARY OF STATE

TALLAHASSEE, FLORISA



800025705238

U1/26/04 -U1062--812 **70.00

U1/26/04--01002--013 **5750.00



AUNOUR (BECENHALLA)

OF TWA SE EN H. 10



CT CORPORATION SYSTEM

660 East Jefferson Street
Tallahassee, FL 3230 January 26, 2004

Tel. 850 222 1092 Fax 850 222 7615

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

Re: Order #: 6023621 SO Customer Reference 1: Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

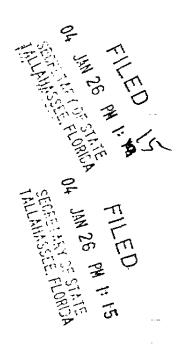
Fujisawa Healthcare, Inc. (DE) Qualification Florida

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,

Brigham Weir Fulfillment Specialist Brigham_Weir@cch-lis.com



APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO

RE	GISTER A FO	REIGN CORPORATION TO TRANSACT	BU	SINESS IN :	THE STATE	OF FLORIDA		2
1.	(Name of corp words or abbre	HEALTHCARE, INC. oration; must include the word "INCORPOR eviations of like import in language as will clear or partnership if not so contained in the name	early	indicate that				
2.	DELAWARE (State or count	cry under the law of which it is incorporated)	3.	36-421		umber, if applicat	ole)	1 1 1 1
4.	APRIL 1,	1998 (Date of incorporation)	5.	PERPET! (Duration	JAL on: Year corp	will cease to exi	ist or "pe	erpetual")
6.	•	nsacted business in Florida. If corporation ha (SEE SECTIONS 607.150)1,6	07.1502 and			n qualific	cation.")
7.			015 offic	ce address)		25 G	04 J	
	SAME AS		naili	ng address)	· · · · · · · · · · · · · · · · · · ·		MW 26	
8.9.	(1)	PHARMACEUTICAL PRODUCTS Purpose(s) of corporation authorized in home reet address of Florida registered agents				Ţ,	==	<u> </u>
	Name:	CT CORPORATION SYSTEM						7. 62
Ofl	ice Address:	1200 SOUTH PINE ISLAND RO	DAC					
10.	Registered a	PLANTATION (City) gent's acceptance:		,	Florida	33324 (Zip code)		ere ig
		ned as registered agent and to accept ser	vice	of process j	for the abov	e stated corpora	tion at	the place

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.

Michael J. Smith 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: SEE ATTACHED LIST A. DIRECTORS Chairman: Address: Vice Chairman: ___ Address: Director: Address: Address: ____ SEE ATTACHED LIST B. OFFICERS President: Address: Vice President: Address: Secretary: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Kehend J. I una (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) , Treasurer/Senior Vice President 14. RICHARD TAJAK (Typed or printed name and capacity of person signing application)

FUJISAWA HEALTHCARE, INC. - FEIN 36-4219997
STATE OF FLORIDA
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS
QUESTION 12, PART A AND B
OFFICERS AND DIRECTORS

NAME & ADDRESS

TITLE

CHAIRMAN/

CEO

12A. Directors

Hideo Fukumoto 3 Parkway North Deerfield, IL 60015-2548

Yasumasa Masuda 3-4-7, Doshomachi, Chuo-ku Osaka, Japan 541-8514

Yoshihiko Hatanaka 3-4-7, Doshomachi, Chuo-ku Osaka, Japan 541-8514

Masao Shimizu 2-1-6, Kashima, Yodogawa-ku Osaka Japan 532-8514

12B. Officers

Hideo Fukumoto

3 Parkway North

Deerfield, IL 60015-2548

Linda F. Friedman SECR

3 Parkway North

Deerfield, IL 60015-2548

Richard Tajak TREAS/
3 Parkway North SR. VP

Deerfield, IL 60015-2548

Theron Odlaug EXEC.VP

3 Parkway North Deerfield, IL 60015-2548

Kurt W. Lewis SR. VP

3 Parkway North

Deerfield, IL 60015-2548

Ira D. Lawrence SR. VP

3 Parkway North

Deerfield, IL 60015-2548

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FUJISAWA HEALTHCARE, 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 NOVEMBER, A.D. 2003.



Warriet Smith Hindson Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2737204