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# FOREIGN PROFIT QUALIFICATION

Angiodynamics, Inc.

Certificate of Status	1
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JIVISION OF FORPORATION

### 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. ANGIODYNAMICS®, INC.  (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in	Florida
	1 4 1017
2. DELAWARE  (State or country under the law of which it is incorporated)  (FEI number, if applicable)	
4. 7/13/92 5. PERPETUAL (Date of incorporation) (Duration: Year corp. will cease to exist or "per	mehiz [*1)
6. JANUARY 20, 2004	America )
7. 603 QUEENSBURY AVENUE, QUEENSBURY, NY 12804 (Principal office address) (SAME AS ABOVE) (Current mailing address)	
8. Purchased building in flopida to be used as research facility.	O4 JAN SECREI
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	28 5
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable	
Name: <u>CT Conforation System</u>	
Office Address: 1200 South Pine Island Road	် မို့ ဆိုင် ဟာ
Plantation, Florida 33324 (City) (Zip code)	
1.0. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation designated in this application, I hereby accept the appointment as registered agent and agree to act in the	at the place is capacity. I

ions 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.

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 husiness addresses of officers and/or directors:

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# ANGIODYNAMICS<sup>©</sup>, Inc. – Officers

	Deformed	247.706.749	466.486 000	CZCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	761-600-001	442 552 52	\$66~500-300 669 648 668	020-448-400
	BOB	06/12/58	04/18/63	06/14/62	09/25/59			03/24/53
	Sac. Sec. #	022-48-6316	065-62-3247	130-44-4240	089-38-8313		389-52-7423	020-44-8400
	Hume Phone #	(518)793-6049	(518)632-5939	(518)793-1745	(518)798-6965	(518)798-2810	(518)793-4689	(508)435-7821
į	Home Address	Quemebury, NY 12804	8291 State Rouse 40 Granville, NY 12832	25 Kettles Way Owensbury, NY 12804	42 Horicon Ave. Glens Falls, NY 12801	16 Sweedniar Lane Queensbury, NY 12804	13 Broakshire Trace Queensbury, NY 12804	26 Nicholss Road Hopkieton, MA D1748
Titte	President/CEO	VP.Research	Tipon da		Aybear Var	v. Upentions	r warkeling	5. 1.0 at
Name	Esmona P. Hobbs	William M. Appling	Joseph G. Genadl	Brian S. Kunst	Harold C. Mapes	Robert M. Rossell		-

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020-448-400

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PAGE 1

# Delaware

# The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREET CERTIFY "ANGIODYNAMICS, 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 JANUARY, A.D. 2004.

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

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

Harriet Smith Windson, Secretary of State

AUTHENTICATION: 2893092

DATE: 01-27-04

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