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TALLAHASSEE, FLORIDA
J. BRANSON CORPORATION

W04-30421
J. BRANSON AUG 10 2004

J. BRANSON AUG 24 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Unetixs Vascular, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Inez Mello
(Name of Person)

Batchelor, Frechette, McCrory, Michael & Co.
(Firm/Company)

40 Westminister Street, Suite 600
(Address)

Providence, RI 02903
(City/State and Zip code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Inez Mello at (401) 621-6200
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

August 10, 2004

INEZ MELLO
BATCHELOR, FRECHETTE, MCCRORY, MICHAEL &
40 WESTMINISTER STREET, SUITE 600
PROVIDENCE, RI 02903

SUBJECT: UNETIXS VASCULAR, INC.
Ref. Number: W04000030421

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for UNETIXS VASCULAR, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A brief description of the entity's nature of business must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 604A00049534

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. Unetixs Vascular, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

N/A

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Rhode Island 3. 05-0447708
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 06/01/1989 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 01/01/2004
(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. 8192 Post Road, North Kingstown, RI 02852
(Principal office address)

Same
(Current mailing address)

8. RI - medical manufacturer FL - pure solicitation of sales
(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: William Bertolino

Office Address: 4115 W. Barcelona Street

Tampa, Florida 33629
(City) (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.



(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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: Peter A. Moscovita

Address: 253 Rollingham Road

Porstmouth, RI 02871

Vice President: John Haefele

Address: 7 Florence Street

Putnam, CT 06260

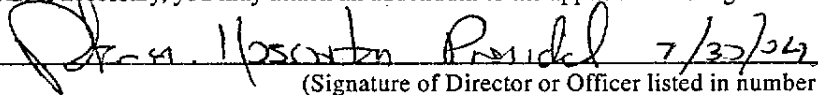
Secretary: Anthony Castillo

Address: 188 Westcott Avenue, Cranston, RI 02910

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  7/30/04.
(Signature of Director or Officer listed in number 12 of the application)

14. Peter Moscovita, President
(Typed or printed name and capacity of person signing application)



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown
Secretary of State

The Office of the Secretary of the State of Rhode Island and Providence Plantations, HEREBY CERTIFIES, that

UNETIXS VASCULAR, INC.

a Rhode Island corporation, filed original articles of incorporation in this office on the seventeenth day of May A.D., 1989; and

IT IS FURTHER CERTIFIED that said corporation is now of record and has a legal existence in this office.

SIGNED AND SEALED this twenty-second day of July, 2004.

Matthew Brown

Secretary of State

BY *Judy E. Carlow*

