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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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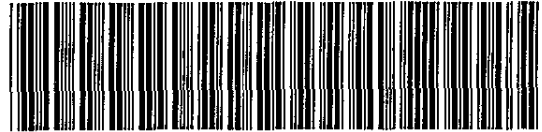
(Business Entity Name)

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# MOSS & BARNETT

A Professional Association

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July 5, 2005

Florida Department of State  
Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: Spineology Inc.  
Application by Foreign Corporation for Authorization to Transact Business in Florida  
Our File No.: 42327.41

Dear Sir or Madam:

Enclosed herewith for filing with your office is an Application by Foreign Corporation for Authorization to Transact Business in Florida for Spineology Inc. Also enclosed is a Minnesota Certificate of Good Standing for Spineology Inc. together with a check in the amount of \$70 to cover the filing fee.

Once the Application has been filed with your office, please return the same to the undersigned.

Your assistance in this matter is appreciated.

Very truly yours,

MOSS & BARNETT  
A Professional Association

  
Suzanne M. Lecy  
Paralegal

/sml  
Enclosures  
787304v1

OF COUNSEL  
THOMAS E. HARMAN  
ARTHUR J. GLASSMAN

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANACT BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANACT BUSINESS IN THE STATE OF FLORIDA.*

1. Spineology 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)

2. Minnesota 3. 41-2020890  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. December 1, 2001 5. \_\_\_\_\_  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 7200 Hudson Blvd N, Suite 205 St. Paul MN 55128  
(Principal office address)

7200 Hudson Blvd N, Suite 205 St. Paul MN 55128  
(Current mailing address)

8. Medical Device 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 NOT acceptable)


Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(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.*

By:  C T Corporation System  
**Michele Miller**  
**Assistant Secretary**  
(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:

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**A. DIRECTORS**

Chairman: SEE ATTACHED LIST OF DIRECTORS

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**B. OFFICERS**

President: John J. Booth

Address: 7 Red Pine Road North Oaks MN 55127  
\_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Secretary: John J. Booth

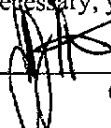
Address: 7 Red Pine Road North Oaks MN 55127

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

13.  \_\_\_\_\_  
(Signature of Director or Officer listed in number 12 of the application)

14. John J. Booth, CEO  
(Typed or printed name and capacity of person signing application)

A. DIRECTORS

Director: John Kuslich  
Address: 814 E. Coral Gables Drive  
Phoenix, AZ 85022

Director: Thomas R. King  
Address: 200 South Sixth Street #4000  
Minneapolis, MN 55402-1425

Director: John J. Booth  
Address: 7 Red Pine Road  
North Oaks, MN 55127

Director: Donald R. Brattain  
Address: 15600 Wayzata Blvd., #101  
Wayzata, MN 55391

Director: David E. Cleveland  
Address: W3195 Soholt Road  
Sarona, WI 54870

Director: James T. Rybicki  
Address: 2855 East Newman's Lane  
Salt Lake City, UT 84121

State of Minnesota

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**SECRETARY OF STATE**

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Certificate of Good Standing

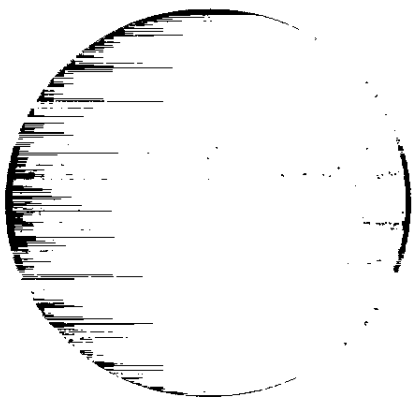
I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

Name: Spineology Inc.

Date Formed: 09/20/2001

Chapter Governed By: 302A

This certificate has been issued on 05/18/05.



*Mary Kiffmeyer*  
Secretary of State.