

To: FL Dept. of State  
Subject: 000626.40349

From: Katie Wronch

Thursday, Jul 21, 2005 10:35 AM Page: 1 of 5

**F05000004214** (5)

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)205-0383

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From: Account Name : CORPDIRECT AGENTS, INC.  
Account Number : 110450000714  
Phone : (850)222-1173  
Fax Number : (850)224-1640

0626.40349

**FOREIGN PROFIT QUALIFICATION**

**VERSAMED MEDICAL SYSTEMS, INC.**

Certificate of Status	0
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To: FL Dept. of State  
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From: Katie Wonsch

Thursday, July 21, 2005 10:35 AM Page: 2 of 5

850-205-0381

7/21/2005 9:21

PAGE 001/001

Florida Dept of State



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

PLEASE GIVE ORIGINAL SUBMISSION  
DATE AS FILE DATE

July 21, 2005

CORPDIRECT AGENTS

SUBJECT: VERSAMED MEDICAL SYSTEMS, INC.  
REF: W05000034739

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6967.

Michelle Hodges  
Document Specialist

FAX Aud. #: H05000175120  
Letter Number: 905A00047787

RECEIVED  
05 JUL 21 PM 12:09  
DIVISION OF CORPORATION

PLEASE GIVE ORIGINAL SUBMISSION  
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05 JUL 21 PM 3:40

H05000175120 3

**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. VERSAMED MEDICAL SYSTEMS, 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. DE 3. 593549428  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/3/1996 5. perpetual  
(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. 2 Blue Hill Plaza Pearl River NY 10965  
(Principal office address)

2 Blue Hill Plaza Pearl River NY 10965  
(Current mailing address)

8. To manage Latin American Dealers.  
(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: National Corporate Research, Ltd., Inc.  
Office Address: 515 East Park Avenue  
Tallahassee, Florida 32301  
(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.*

Theresa M. Lennon  
(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.

H05000175120 3

H05000175120 3

12. Names and business addresses of officers and/or directors:

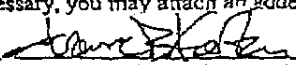
A. DIRECTORS

Chairman: Dr. David Dantzker  
Address: 2 Blue Hill Plaza  
Pearl River NY 10965  
Vice Chairman: Boaz Misholi  
Address: 2 Blue Hill Plaza  
Pearl River NY 10965  
Director: Avi Cohen  
Address: 2 Blue Hill Plaza  
Pearl River NY 10965  
Director: Jeff Krauss  
Address: 2 Blue Hill Plaza  
Pearl River NY 10965

B. OFFICERS

President: Jerry Korten  
Address: 2 Blue Hill Plaza  
Pearl River NY 10965  
Vice President: Ehud Kogot  
Address: 2 Blue Hill Plaza  
Pearl River NY 10965  
Secretary: Eyal Dior  
Address: 2 Blue Hill Plaza  
Pearl River NY 10965  
Treasurer: Ehud Kogot  
Address: 2 Blue Hill Plaza  
Pearl River NY 10965

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. Jerry Korten President & CEO  
(Typed or printed name and capacity of person signing application)

H05000175120 3

H05000175120 3

*Delaware*

PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VERSAMED MEDICAL SYSTEMS, 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 NINETEENTH DAY OF JULY, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VERSAMED MEDICAL SYSTEMS, INC." WAS INCORPORATED ON THE THIRD DAY OF OCTOBER, A.D. 1996.

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



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*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4029633

DATE: 07-18-05  
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