PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2008 DEC 10 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E061 (10/08)

DOCUMENT # F05000004214

1. Corporation Name

Versamed Medical Systems, Inc

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
2 Blue Hill Plaza		PO Box 2216	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
PO Box 1512			
City & State		City & State	
Pearl River, NY		Schenectady, NY	
Zip	Country	Zip	Country
10965	USA	12301-2216	USA

4. Date Incorporated or Qualified To Do Business in Florida 07/20/2005

5. FEI Number 59-3549428 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.75 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City	State	Zip Code
Plantation	FL	33324

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent — REGISTERED AGENT MUST SIGN: SALVINA AMENTA-GRAY SPECIAL ASSISTANT SECRETARY 12/10/08

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	Jerry Korten	2 Blue Hill Plaza PO Box 1512	Pearl River, NY 10965
DIR	Jerry Korten	2 Blue Hill Plaza PO Box 1512	Pearl River, NY 10965
CFO	Ehud Kogot	2 Blue Hill Plaza PO Box 1512	Pearl River, NY 10965
VP	Ann-Marie McElligott	12 Corporate Woods Blvd.	Albany, NY 12211
AT	Ann-Marie McElligott	12 Corporate Woods Blvd.	Albany, NY 12211

REINSTATEMENT 2008

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application for reinstatement or chapter 607 or 617, F.S.; further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exclusion contained in Chapter 119, F.S. The information executed on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ Ann-Marie McElligott 12/10/08 5184334419
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Legal Entity Name:	VersaMed Medical Systems,
MARS/CDR:	
Federal ID:	59-3549428

Your report contains 5 records:

Officer Name	Title	Business Address
Kogot, Ehud	Chief Financial Officer	2 Blue Hill Plaza PO Box 1512 Pearl River, NY 10965
Korten, Jerry	Director	2 Blue Hill Plaza PO Box 1512 Pearl River, NY 10965
Korten, Jerry	Chief Executive Officer	2 Blue Hill Plaza PO Box 1512 Pearl River, NY 10965
McElligott, Ann-Marie	Vice President	12 Corporate Woods Blvd. Albany, NY 12211
McElligott, Ann-Marie	Assistant Treasurer	12 Corporate Woods Blvd. Albany, NY 12211

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Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

CORPORATION REINSTATEMENT

VERSAMED MEDICAL SYSTEMS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$750.00