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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN AUG 30 2005

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BARRX MEDICAL, 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:

RONALD BOURQUIN

(Name of Person)

BARRX MEDICAL, INC.

(Firm/Company)

1334 BORDEAUX DRIVE

(Address)

SUNNYVALE, CA 94089

(City/State and Zip code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

RONALD BOURQUIN

(Name of Person)

at (408) 745-8000

(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

**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. BARRX MEDICAL, INC.

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

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

2. DELAWARE

(State or country under the law of which it is incorporated)

3. 82-0587169

(FEI number, if applicable)

4. 02/14/2003

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. 08/01/2005

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

7. 1334 BORDEAUX DRIVE, SUNNYVALE, CA 94089

(Principal office address)

1334 BORDEAUX DRIVE, SUNNYVALE, CA 94089

(Current mailing address)

8. SOLICITATION AND SALE OF MEDICAL DEVICES.

(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**

Office Address: **1200 SOUTH PINE ISLAND ROAD**

PLANTATION

(City)

Florida **33324**

(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)

Tina Perrin
Special Assistant Secretary

**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: SEE LIST ATTACHED.

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: SEE LIST ATTACHED.

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

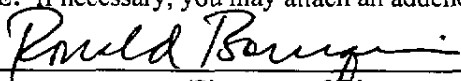
Treasurer: _____

Address: _____

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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. RONALD BOURQUIN, VP & CFO

(Typed or printed name and capacity of person signing application)

**BARRX MEDICAL, INC.,
Directors and Officers Listing**

Directors

<u>Name</u>	<u>Address</u>	<u>Office Title</u>
Gregory A. Barrett	12287 Viewoak Drive Saratoga, CA 95070	Director/Officer
David Douglass	Delphi Ventures 3000 Sand Hill Road Building 1, Suite 135 Menlo Park, CA 94025	Director
Nathan R. Every, MD	Frazier HealthCare Ventures 601 Union Street, Suite 3200 Seattle, WA 98101	Director
Robert D. Ganz, MD	Minnesota Gastroenterology 15700 37th Avenue North, Suite 30 Plymouth, MN 55446	Director
Doug Kelly	Alloy Ventures 480 Cowper Street, 2nd Floor Palo Alto, CA 94301	Director
Randy Lindholm	2050 Pebble Drive Alamo, CA 94507	Director
Roger Stern	Stellartech Research 1346 Bordeaux Drive Sunnyvale, CA 94089	Director

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Officers

<u>Name</u>	<u>Address</u>	<u>Office Title</u>
Gregory A. Barrett	12287 Viewoak Drive Saratoga, CA 95070	President & Chief Executive Officer
Ronald E. Bourquin	1364 Cedar Street San Carlos, CA 94070	Vice President & Chief Financial Officer
David R. Stiehr	6709 Arlington Drive Pleasanton, CA 94566	Vice President, Marketing
David S. Utley, MD	3725 Jefferson Court Redwood City, CA 94062	Chief Medical Officer
Michael P. Wallace	5849 Corte Margarita Pleasanton, CA 94566	Vice President, Research & Development
Viorica Filimon	5253 War Wagon Court San Jose, CA 95136	Vice President, Quality & Regulatory Affairs

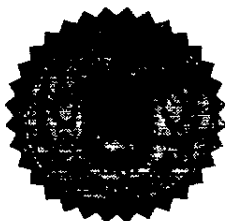
Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BARRX MEDICAL, 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 FIFTH DAY OF AUGUST, A.D. 2005.

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TALLAHASSEE, FLORIDA



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Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4073434

DATE: 08-05-05