

# F05000005344

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC  
Account Number : I20020000094  
Phone : (770) 777-2091  
Fax Number : (770) 220-1943

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DIVISION OF CORPORATION

## FOREIGN PROFIT QUALIFICATION

AOI MEDICAL, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$1,228.75

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J. BRYAN SEP 15 2005

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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AOI 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:

William J. Christy

(Name of Person)

AOI Medical, Inc.

(Firm/Company)

3251 Progress Drive, Suite B

(Address)

Orlando, FL 32826

(City/State and Zip code)

For further information concerning this matter, please call:

Mims Roberts

(Name of Person)

at (305) 778-7790

(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

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2005 SEP 14 AM 9:52  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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**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. AOI MEDICAL, 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. Delaware 3. 20-2402994  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/05/2004 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 11/05/2004  
(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. 3251 Progress Drive, Suite B, Orlando, FL 32826  
(Principal office address)  
3251 Progress Drive, Suite B, Orlando, FL 32826  
(Current mailing address)

8. development 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 or Mail Drop Box NOT acceptable)

Name: William J. Christy, President

Office Address: 3251 Progress Drive, Suite B

Orlando, Florida 32826  
(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.*

[Signature] 9/14/05  
(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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TALLAHASSEE, FLORIDA

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**A. DIRECTORS**

Chairman: John D. Feltman

Address: 149 Brazillian Avenue

Palm Beach, FL

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

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

Director: Stephen J. Warner

Address: 400 N. Flagler Drive, #1601

W. Palm Beach, FL 33401

Director: George B. Weathersby, Phd.

Address: 19 Amalfi Drive

Cortland Manor, NY 10567

**B. OFFICERS**

President: William J. Christy

Address: 2351 Via Tuscany

Winter Park, FL 32789

Vice President: Mark Goldin

Address: 2427 Treymore Drive

Orlando, FL 32825

Secretary: D. Keehn Wheeler

Address: 3143 East Shadow Lawn Avenue, Atlanta, GA 30305

Treasurer: Mary Mims Roberts

Address: 207 West Taylor Street, Savannah, GA 31401

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. \_\_\_\_\_

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

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# Delaware

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*The First State*

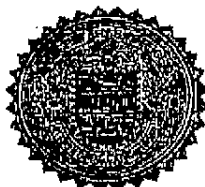
I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AOI MEDICAL, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF SEPTEMBER, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AOI MEDICAL, INC." WAS INCORPORATED ON THE FIFTH DAY OF NOVEMBER, A.D. 2004.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

FILED  
2005 SEP 14 AM 9:52  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



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

AUTHENTICATION: 4154192

DATE: 09-14-05

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