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(Ci	ty/State/Zip/Phone	⇒ #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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FIAR. 5 - \$ 5965,00

COVER LETTER

TO: Registration Section Division of Corporations	·
SUBJECT: Orthopedic Syst (Name of c	tems, Inc. corporation - must include suffix)
Dear Sir or Madam:	
	oration for Authorization to Transact Business in Florida," mitted to register the above referenced foreign corporation
Please return all correspondence concerning th	this matter to the following.
Maxima H. Sit	tchon-Cordero
((Name of Person)
Orthopedic Systems,	, Inc.
	(Firm/Company)
30031 Ahern A	Ave.,
	(Address)
Union City,	CA 94587
	City/State and Zip code)
·	•
For further information concerning this matter,	er, please call:
9	LEG 188 FEB
Maxima H. Sitchon-Corderoat ((510) 476-8181 (510) 476-8181
(Name of Person)	(Area Code & Daytime Telephone Number)
•	हर्म ⊶
	MAILING ADDRESS:
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314
Tallahassee, FL 32301	
Enclosed is a check for the following amount:	:
\$70.00 Filing Fee	



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 11, 2005

MAXIMA H. SITCHON-CORDERO ORTHOPEDIC SYSTEMS, INC. 30031 AHERN AVE UNION CITY, CA 94587

SUBJECT: ORTHOPEDIC SYSTEMS, INC.

Ref. Number: W05000046793

We have received your document for ORTHOPEDIC SYSTEMS, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

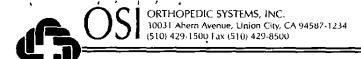
Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$10,365.00.

Please return 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) 245-6913.

Letter Number: 405A00061951

Diane Cushing Document Specialist



Diane Cushing, Document Specialist Florida Department of State P.O. Box 6327 Tallahassee, FL 32314

Reference No: W05000046793

Dear Ms. Diane,

Orthopedic Systems, Inc. was in receipt of your letter dated October 11, 2005 regarding section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, Secretary of State's office collects a civil penalty of \$1,000 each year this entity transacted business in Florida prior to qualification.

Based on our company records, Orthopedic Systems, Inc. through our accounting agency filed a Voluntary Disclosures on November 8, 2001 for our Corporate Income/Intangible Tax. Our company was not directed to register with the secretary of state as part of the VDA. Our company was not aware of the application and so failed to file but that failure was not due to fraud, willful neglect, but rather the lack of experience to determine proper reporting requirements. When I received the notice, I initiated steps to address the issue to all states requiring applications.

This letter is to get a relief from the penalties that your office imposed to our company in the amount of \$10,365.00

I am attaching a copy the Voluntary Disclosure from the State of Florida Department of Revenue for your consideration.

Sincerely,

Maxima H. Sitchon-Cordero Orthopedic Systems, Inc. Accounting Manager



General Tax Administration Child Support Enforcement Property Tax Administration Administrative Services Information Services

November 6, 2001

Lynn Bonicelli Mohler, Nixon & Williams 635 Campbell Technology Parkway Suite 100 Campbell, California 95008-5088

Re: Voluntary Disclosure - DTA# 20011114
Corporate Income/Intangible Tax

Dear Ms. Boncelli:

As per our telephone conversation of Friday, November 2, 2001, your client is granted an additional thirty (30) days to comply with the Corporate Income and Intangible tax instructions stated in the Department's letter dated October 8, 2001. This additional thirty-day period will commence on November 8, 2001, which is the end of the original compliance period, and terminate on December 8, 2001. All required documentation must be postmarked by that date. Please reiterate to your client the importance of fulfilling the voluntary compliance requirements within the extended period.

In reviewing the original instruction letter of October 8, 2001, I discovered that I had given you an incorrect DTA number. The correct number is provided above and I apologize for the error. Please use this correct and permanent number for all future correspondence in regard to this matter.

Again, the Department appreciates your efforts in assisting your client to comply with the tax laws of this State. If you have additional questions regarding this matter, please contact me on my direct line listed below.

Sincerely,

Charles J. Dunning Senior Tax Specialist

Technical Assistance and Dispute Resolution

Office of the General Counsel

Post Office Box 7443

Tallahassee, Florida 32314-7443

(850) 922-4843



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Glenda E. Hood Secretary of State

NOV - 9 2005

November 3, 2005

MAXIMA H. SITCHON-CORDERO ORTHOPEDIC SYSTEMS, INC. 30031 AHERN AVE UNION CITY, CA 94587

SUBJECT: ORTHOPEDIC SYSTEMS, INC.

Ref. Number: W05000046793

We have received your document for ORTHOPEDIC SYSTEMS, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

Based on the information you have provided and in accordance with s.607.1502(4), 608.502(4) or 617.1502(4), F.S., this office will reduce the civil penalty of \$1,000 per year to \$500 per year for each year this entity transacted business or conducted its affairs in Florida prior to qualification. Therefore, the total amount due to cover both annual report/uniform business report and penalty fees is \$5865.00.

The total amount due is \$5935.00.

There is a balance due of \$5865.00.

If you have any questions concerning the filing of your document, please call (850) 245-6911.

Brenda Tadlock Senior Section Administrator

Letter Number: 305A00066086

Pla include on this week's chick ven.

1x... 1/9/05

PAID NOV 1 9 2000,

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. Orthopedic Systems, Inc	<u></u>
(Enter name of corporation; must include "INCORPORAT	.ED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	
Orthopedic Systems, Inc.	
(If name unavailable in Florida, enter alternate corporate n	ame adopted for the purpose of transacting business in Florida)
2 22	2 04 0405000
2. <u>Delaware</u> (State or country under the law of which it is incorporated)	(FEI number, if applicable)
(bate of country dider the law of which it is heorpotated)	(1 Di number, il applicable)
411/12/92	5. Perpetual
(Date of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6. 1/01/96	
	ess in Florida, if prior to registration)
	07.1502, F.S., to determine penalty liability)
	•
7. 30031 Ahern Ave, Union City,	, CA 94587
(Principal office	: address)
same	
(Current mailing	; address)
8. To sell and service surgical	tables and instruments
(Purpose(s) of corporation authorized in home state	or country to be carried out in state of Florida).
	ACE 20
9. Name and street address of Florida registered agent:	
Name: CT Corporation System	
Name: <u>CT Corporation System</u>	() A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Office Address: <u>1200 S. Pine Island F</u>	Road m
	, Florida <u>33324</u> — —
(City)	(Zip code) 5 2

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)

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: Takashi Nemoto	··
Address: 30-13 Hongo 3-Chome	· ·
Bunkyo-ku, Tokyo 113, Japan	
Vice Chairman:	
Address:	
Director: Tohru Nemoto	
Address: 30-13 Hongo 3-Chome	
Bunkyo-ku, Tokyo 113, Japan	
Director:	
Address: 30-13 Hongo 3-Chome	
Bunkyo-ku, Tokyo 113, Japan	
B. OFFICERS	
President:Tatsuya Nemoto	
Address: 30-13 Hongo 3-Chome	
Bunkyo-ku, Tokyo 133, Japan	
COO Vice President: Steve Lamb	-
Address: 30031 Ahorn Ave	= 17. 6
Union City, CA 94587	王門 吉
	met W
Secretary: Atsushi Andrew Takagaki	
Address: 30031 Ahern Ave, Union City, CA 94587	
Treasurer: Shigeru Yamamura	02
Address: 30031 Ahern Ave Union City, CA 94587	
onion elegy en sison	
NOTE: If necessary, you may attach an addendum to the application listing additio	nal officers and/or directors.
13 May May 1	
(Signature of Director or Officer listed in number 12 of the ap	oplication)
14SHIGARU YAMAMURS	
(Typed or printed name and capacity of person signing appl	ication)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ORTHOPEDIC 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 TWENTY-EIGHTH DAY OF SEPTEMBER, A.D. 2005.

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

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ORTHOPEDIC SYSTEMS, INC." WAS INCORPORATED ON THE TWELFTH DAY OF NOVEMBER, A.D. 1992.



Darriet Smith Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4190029

DATE: 09-28-05

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