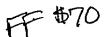
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SECRETARY OF STATE

:405 R



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 4, 2005

JOANNA PESHKOFF 221 LATHROP WAY SUITE I SACRAMENTO, CA 95835

SUBJECT: OPHTHALMIC IMAGING SYSTEMS

Ref. Number: W05000049900

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6020.

Tammi Cline Document Specialist

Letter Number: 705A00066278



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 24, 2005

OPTHALMALMIC IMAGING SYSTEMS 221 LATHROP WAY SUITE 1 SACRAMENTO, CA 95815-4215

Upon receipt of your letter and/or check(s) totaling \$70.00, no document was found. Please send your document with any fees due to:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

If you have any questions concerning the filing of your document, please (850) 245-6059.

Sean Toner Senior Section Administrator

Letter Number: 705A00064400

COVER LETTER

TO: Registration Section Division of Corporations		
· · · · · · · · · · · · · · · · · · ·	ation-must include suffix)	
Dear Sir or Madam:	•	
The enclosed "Application by Foreign Corporation "Certificate of Existence," and check are submitted to transact business in Florida.		
Please return all correspondence concerning this ma	tter to the following:	
Togona F	eshkaff	
Joanna F (Name	of Person)	
Ophthalmi (Firm	Company) Jystems AM B	
221 1 cather	OP Way Ste I ASAR I F	
(A	ddress)	
Sacranen	tr. (1A 95835 653 = C	
(City/Sta	te and Zip code)	
For further information concerning this matter, pleas	se call:	
Joanna Peshkoff at (9)	6,646-2020 X 316	
(Name of Person) (Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314	
Enclosed is a check for the following amount:		
\$70.00 Filing Fee \$ Certificate of Status	☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy	

PLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIĎA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Ophthalmic. Imaging Systems Co.	
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	
N/A	
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	
2. California 3. 99-3035367 (State or country under the law of which it is incorporated) (FEI number, if applicable)	
(State or country under the law of which it is incorporated) (FEI number, if applicable)	
4. 7 14 1986 (Date of incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")	
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	
6N/A	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
7. 221 Lathrop Way Ste I Sycramento, CA 93818	
(Finicipal office address)	-
(Current mailing address)	<u></u>
Sell W/n the state of Florida FS = C	i
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	٠.٠
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	-
Name: Chris Fotos.	
Office Address: 2862 S.E. Calvin St.	
Port Lucie , Florida 94952 (City) (Zip code)	. —
10. Desistand 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.

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.

s and business addresses of officers and/or directors:		
RECTORS		
Chairman: Yigal Berman	·	
Address: 221 Lather DD Way Ste I		
Sacranunto, CA 95815		
Director Gil Allon	2.141	
Address: 221 Lathrap Way Stc I		
Sacranento, CA 95815	·	
Director: Ariel Stanhar		. <u>-</u>
Address: 22) Lathrop Way SKI		
Sacramento, CA 97815		
Director: Michael Benoff		
Address: 221 Lathrop Way Stc I		
Sacramento, cA 95815		
B. OFFICERS See back of P		
CEO President: Cil Allon	additional Di	rector
Address: See above	ORE I	TI
	ARY SSE	
CFD & Avic Shenhow	PH OF S FL	m
Address: See above	TATE DRIO	-
Secretary: Aviel Sharbac		
Address: See above		
Treasurer:		
Address:		
NOTE: If necessary, you may attach an addendum to the application listing ac		
13. (Signature of Director or Officer listed in number 12 of	e esse esse	
A 1 1 01 1 2		
14. Avial Shar, CFO (Typed or printed name and capacity of person signing	application)	

State of California Secretary of State

CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, BRUCE McPHERSON, Secretary of State of the State of California, hereby certify:

That on the **14th day of July, 1986, OPHTHALMIC IMAGING SYSTEMS** became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

THE CONTROL OF THE CO

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of December 1, 2005.

BRUCE McPHERSON Secretary of State