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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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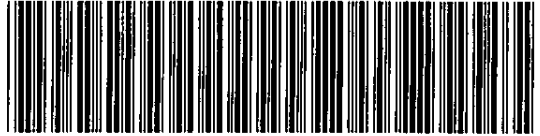
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

1/11

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Hoana 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:

Ben Nakaoka

(Name of Person)

Hoana Medical, Inc.

(Firm/Company)

828 Fort Street, Suite 620

(Address)

Honolulu, HI 96813

(City/State and Zip code)

For further information concerning this matter, please call:

Ben Nakaoka

(Name of Person)

at (808) 523-5551

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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. **Hoana 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. **Hawaii**

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

3. **99-0354466**

(FEI number, if applicable)

4. **May 5, 2000**

(Date of incorporation)

5. **Perpetual**

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

6. **October 23, 2006**

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

7. **828 Fort Street, Suite 620, Honolulu, HI 96813**

(Principal office address)

828 Fort Street, Suite 620, Honolulu, HI 96813

(Current mailing address)

8. **Sale or lease of medical device**

(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: **NRAI Services, Inc.**

Office Address: **2731 Executive Park Drive, Suite 4**

Weston, Florida **33331**

(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.

NRAI Services, Inc.

By: *Christian Eubanks*

(Registered agent's signature)

Christian Eubanks, 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.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: See attached list

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Patrick K. Sullivan

Address: 828 Fort Street, Suite 620, Honolulu, HI 96813

Vice President: Matthew Glei

Address: 828 Fort Street, Suite 620, Honolulu, HI 96813

Secretary: Patrick K. Sullivan

Address: 828 Fort Street, Suite 620, Honolulu, HI 96813

Treasurer: none

Address: _____

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. Patrick K. Sullivan, CEO

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

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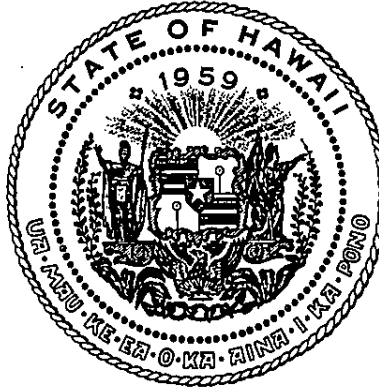
HOANA MEDICAL, INC.
BOARD OF DIRECTORS

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TALLAHASSEE, FLORIDA

NAME	ADDRESS
Richard Char	14 Sunkist Lane Los Altos, CA 94022
Kenneth Goldman	441 Walsh Road Atherton, CA 94027
Randy Lindholm	2050 Pebble Drive Alamo, CA 94507
Brock Nelson	562 Summit Avenue St. Paul, MN 55102
Barry Weinman	733 Bishop Street Suite 2500 Honolulu, HI 96813
Patrick K. Sullivan Chairman	828 Fort Street Mall Honolulu, HI 96813



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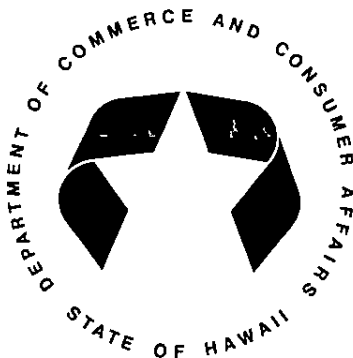
Department of Commerce and Consumer Affairs

CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that according to the records of this Department,

HOANA MEDICAL, INC.

was incorporated under the laws of the State of Hawaii on 05/05/2000 ; and that it is an existing corporation in good standing, and is duly authorized to transact business.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: October 18, 2007

Lawrence M. Rejz

Director of Commerce and Consumer Affairs