

F97800006204

Division of Corporations

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Florida Department of State
Division of Corporations
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FOREIGN PROFIT/NONPROFIT CORPORATION

Givin Imaging, Inc.

Certificate of Status	0
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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. Given Imaging, 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. 58-2529746
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 03/04/2000 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 3950 Shackleford Road, Suite 500, Duluth, GA 30096
(Principal office address)

same
(Current mailing address)

8. Sale of Medical Equipment
(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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

C T Corporation System

By: Marie Edwards
(Registered agent's signature)

Marie Edwards Asst. 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:

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A. DIRECTORS *SEE ATTACHMENT*

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS *SEE ATTACHMENT*

President: Christopher Rowland

Address: 3950 Shackleford Road, Suite 500

Duluth, GA 30096

Vice President: Ed Cordell

Address: 3950 Shackleford Road, Suite 500

Duluth, GA 30096

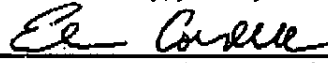
Secretary: Kevin Rubey

Address: 3950 Shackleford Road, Suite 500, Duluth, GA 30096

Treasurer: _____

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. Ed Cordell, Vice President
(Typed or printed name and capacity of person signing application)

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**Attachment to Florida
Officers & Directors**

1	Full Name:	Nachum Shamir
	Officer/Director:	Officer
	Officer's Title:	CEO
	Director's Title:	
	Business Address:	3950 Shackleford Road, Suite 500
	City:	Duluth
	State:	GA
	ZIP Code:	30096
2	Full Name:	Yuval Yanai
	Officer/Director:	Officer
	Officer's Title:	CFO
	Director's Title:	
	Business Address:	3950 Shackleford Road, Suite 500
	City:	Duluth
	State:	GA
	ZIP Code:	30096
3	Full Name:	Robert Creagh
	Officer/Director:	Officer
	Officer's Title:	Controller
	Director's Title:	
	Business Address:	3950 Shackleford Road, Suite 500
	City:	Duluth
	State:	GA
	ZIP Code:	30096
4	Full Name:	Steve Murray
	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Director
	Business Address:	3950 Shackleford Road, Suite 500
	City:	Duluth
	State:	GA
	ZIP Code:	30096
5	Full Name:	Keith Chrzanowski

Officer/Director:
Officer's Title:
Director's Title:
Business Address:
City:
State:
ZIP Code:

Director

Director
3950 Shackleford Road, Suite 500
Duluth
GA
30096

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Delaware

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The First State

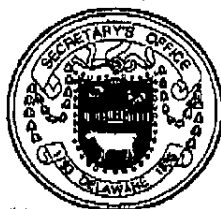
I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GIVEN IMAGING, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF DECEMBER, A.D. 2007.

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

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at corp.delaware.gov/authver.shtml

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6201735

DATE: 12-03-07