B000000180

Florida Department of State Division of Corporations

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To

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I2000000195 Phone : (850)521-1000

Fax Number : (850)558~1575

FOREIGN PROFIT/NONPROFIT CORPORATION

INVERNESS MEDICAL INNOVATIONS NORTH AMERICA, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$70.00 |

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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.

| /Pater name of c | Medical Innovations North Americanian; must include "INCORPORATE | |
|-------------------|--|--|
| "Inc.," "Co.," "C | orp," "Inc.," "Co.," or "Corp.") | |
| | | |
| | | me adopted for the purpose of transacting business in Florid |
| Delaware | | 3. <u>26-1444559</u> |
| • | under the law of which it is incorporated) | (FEI number, if applicable) |
| November 2 | 20, 2007 | 5. annual |
| | of incorporation) | (Duration: Year corp. will cease to exist or "perpetual" |
| January 1, 2 | 3008 | |
| | (Date first transacted business (SEE SECTIONS 607.1501 & 607 | is in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability) |
| 30 Keller Ro | oad, Orlando, FL 32751 | |
| | (Principal office a | nddress) |
| 30 Keller Re | oad, Orlando, FL 32751 | |
| | (Current mailing a | iddress) |
| Distibution | . Afmadiani davinas | ALL |
| Distribution | of medical devices | r country to be carried out in state of Florida) |
| - | | Walling to the state of the sta |
| Name and street | et address of Florida registered agent: (F | P.O. Box NOT acceptable) |
| Name: | Corporation Service Company | <u>y</u> |
| ffice Address: | 1201 Hays Street | r country to be carried out in state of Florida) P.O. Box NOT acceptable) y |
| | Tallahassee | , Florida 32301 (Zip code) |
| | (Çîty) | (Zip code) |

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. Nam | nes and business addresses of officers and/or directors: | SECRE | 08 Jan |
|-----------------------|---|---------------------------------------|---------------|
| | ECTORS | 蒙哥 | 4- |
| Chairmai | n: John Yonkin | <u> </u> | |
| Address: | 51 Sawyer Road, Suite 200 | <u>70</u> " | |
| | Waltham, MA 02453 | | <u>.</u> |
| Vice Cha | ziroan: | | |
| Aødress: | | | _,_ |
| Director: | Jon Russell | · | - |
| Address: | 51 Sawyer Road, Suite 200 | | , |
| | Waltham, MA 02453 | | |
| Director: | Ellen Chiniara | | |
| Address: | 4.0 | | |
| | Waltham, MA 02453 | | |
| B. OFF | TCERS | | |
| President | . John Yonkin | | |
| | 51 Sawyer Road, Snite 200 | | |
| | Waltham, MA 02453 | | |
| Vice Pres | sident: Peter Scheu | · · · · · · · · · · · · · · · · · · · | |
| Add res s: | 10 Southgate Road | | |
| | Scarborough, ME 04074 | | |
| Secretary | Ellen Chiniara | | |
| Address: | 51 Sawyer Road, Suite 200 Waltham, MA 02453 | | |
| Treasurti | Jon Russell | | |
| | 51 Sawyer Road, Suite 200 Waltham, MA 02453 | | |
| NOTE: | If necessary, you may attach an addendum to the application listing additional officers and/or dire | ectors. | _ <u></u> |
| , Ella | en Chiniara, Director and Secretary | | |
| 14 | (Typed or printed name and capacity of person signing application) | | |

APPENDITION IN THE PERSON IN T

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INVERNESS MEDICAL INNOVATIONS NORTH AMERICA, 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 JANUARY, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INVERNESS MEDICAL INNOVATIONS NORTH AMERICA, INC. " WAS INCORPORATED ON THE TWENTIETH DAY OF NOVEMBER, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

080038615

AUTHENTICATION: 6307074

DATE: 01-14-08