

## Florida Department of State

Division of Corporations Public Access System

**Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000018699 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

MEDSURG SPECIALTY DEVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$ 70.00

Electronic Filing Menu Corporate Filing Menu

Help

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.

Of name unavai	lable in Florida, enter alternate corporate name	e adopted for the purpose of transacting business in Florida)	
2. Delaware	•	43-2111111	
	under the law of which it is incorporated)	(FEI number, if applicable)	
4 08/02/2006	5.	Perpetual	
(Dai	e of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	
6. 12/27/2007			,
		in Florida, if prior to registration) 502, F.S., to determine penalty liability)	
7 633 Village	Lane North		
′- <del></del>	(Principal office add	fress)	
Mandeville	Louisiana, 70471		
*	(Current mailing add	iress)	
	• •		
。Anv lawful	business or activity under the lav	,	
· · · · · · · · · · · · · · · · · · ·	business or activity under the lav	y of this State	
(Purpose(		ountry to be carried out in state of Florida)	2008
(Purpose(	s) of corporation authorized in home state or c	ountry to be carried out in state of Florida)	2000 JAN
(Purpose)  9. Name and atre	s) of corporation authorized in home state or c et address of Florida registered agent: (P.C	ountry to be carried out in state of Florida)	2008 JAN 23
(Purpose)  9. Name and atre  Name:	s) of corporation authorized in home state or c et address of Florida registered agent: (P.C Corporation Service Company	ountry to be carried out in state of Florida)  O. Box NOT acceptable)  ALLAHASSE	LE 23
(Purpose)  9. Name and atre  Name:	et address of Florida registered agent: (P.C Corporation Service Company 1201 Hays Street	ountry to be carried out in state of Florida)	23 PM
(Furpose)  9. Name and atre  Name:  Office Address:  10. Registered ataving been nandesignated in this	et address of Florida registered agent: (P.C. Corporation Service Company 1201 Hays Street Tallahassee (City)  gent's acceptance: and as registered agent and to accept service application, I hereby accept the appointment	y of this State  ountry to be carried out in state of Florida)  D. Box NOT acceptable)  AHASSEE FLORE  OF SIAN STATE  (Zip code)  Icc of process for the above stated corporation at the placement as registered agent and agree to act in this capacity, relative to the proper and complete performance of my during the state of the proper and complete performance of my during the state of the proper and complete performance of my during the state of the proper and complete performance of my during the state of the proper and complete performance of my during the state of the proper and complete performance of my during the state of the proper and complete performance of my during the state of the proper and complete performance and complete performance of the proper and complete performance and complete	23 PH 4: 25
(Furpose)  9. Name and atre  Name:  Office Address:  10. Registered affaving been nandlesignated in this further agree to condition of the con	et address of Florida registered agent: (P.C. Corporation Service Company 1201 Hays Street Tallahassee (City) gent's acceptance: and as registered agent and to accept service application, I hereby accept the appointments omply with the provisions of all statutes re-	y of this State  ountry to be carried out in state of Florida)  D. Box NOT acceptable)  AHASSEE FLORE  OF SIAN STATE  (Zip code)  Icc of process for the above stated corporation at the placement as registered agent and agree to act in this capacity, relative to the proper and complete performance of my during the state of the proper and complete performance of my during the state of the proper and complete performance of my during the state of the proper and complete performance of my during the state of the proper and complete performance of my during the state of the proper and complete performance of my during the state of the proper and complete performance of my during the state of the proper and complete performance and complete performance of the proper and complete performance and complete	23 PM 4 25 I tes,

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.

Chairman: See Attached Addendum		
Chairman: Doc Attached Addengum		
Address:		
		22
Vice Chairman:	·   =	
Address:	77 . 770e	
	<u> </u>	LE 23
hirector:	1	₽ 0
Address:	<u>ĕ</u> ≥ ¹	<del>.</del>
	>'''	25
irractor		
director:		
ddress:		
i. Linnig N.M.N		
resident: See Attached Addendum		
resident: See Attached Addendum  ddress:		
ddress: See Attached Addendum  ddress: ics President:		
resident: See Attached Addendum  ddress:  ics President:  ddress:		
resident: See Attached Addendum  ddress:  ddress:  ddress:		
resident: See Attached Addendum  ddress:  ddress:  ecretary: dddress:		
President: See Attached Addendum Address:  Fice President:  Address:  ecretary:  ddress:  ressurer:		
See Attached Addendum  Address:  Vice President:  Address:  ecretary:  address:  reasurer:  ddress:  IOTE: If necessary, you may attach an addendum to the application.		

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

## Addendum to Florida Application

Officers	Address	•
Mounir Rabbat 🔑	633 Village Lane North	=
•	Mandeville, Louisiana 70471	
J. Flagg Flanagan	633 Village Lane North	₹
	Mandeville, Louisiana 70471	AS
Robert L. Byrne	633 Village Lane North	- K
	Mandeville, Louisiana 70471	<u> </u>
Michael C. Wierzbinski	633 Village Lane North	0
•	Mandeville, Louisiana 70471	3
Jeffrey Blake	633 Village Lane North	
	Mandeville, Louisiana 70471	
H.A. Lawhon	633 Village Lane North	
	Mandeville, Louisiana 70471	
Thomas Apple	335 Madison Avenue	<u>.</u>
	New York, N.Y. 10017	
	1	

Directors	Address	
Mounir Rabbat	633 Village Lane North	
,	Mandeville, Louisiana 70471	
Toshio Obayashi	335 Madison Avenue	-
	New York, N.Y. 10017	
Andrew Miesiak	335 Madison Avenue	
	New York, N.Y. 10017	
Michael C. Wierzbinski	633 Village Lane North	
/	Mandeville, Louisiana 70471	
Lukas Hovorka	335 Madison Avenue	
<b>,</b>	New York, N.Y. 10017	
H.A. Lawhon	633 Village Lane North	
/	Mandeville, Lonisiana 70471	
J. Flagg Flanagan	633 Village Lane North	
	Mandeville, Louisiana 70471	i
Robert L. Byrne	633 Village Lane North	
	Mandeville, Louisiana 70471	
Yosuke Fukui	335 Madison Avenue	
	New York, N.Y. 10017	
Sumitaka Ishikawa	335 Madison Avenue	$\dashv$
	New York, N.Y. 10017	

## Delaware

PAGE

FILED
2000 JAN 23 PN 4: 25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDSURG SPECIALTY DEVICES, 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-SECOND DAY OF JANUARY, A.D. 2008.

AND I DO REREBY FURTHER CERTIFY THAT THE FRANCEISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDSURG SPECIALTY DEVICES, INC." WAS INCORPORATED ON THE SECOND DAY OF AUGUST, A.D. 2006.

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

4199476 8300

080067197

You may verify this cartificate onling the corp. delawage. gov/authors. shinl

Daniel Smila Hindra

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6326066

DATE: 01-22-08