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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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WAIT

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MAIL

(Business Entity Name)

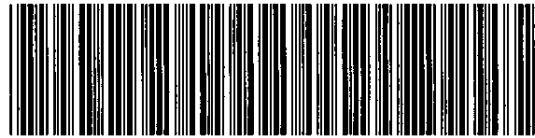
(Document Number)

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2008 OCT 13 PM 4: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W08-
74699

T. Burch OCT 13 2008

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: LSI Solutions 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:

Eva P. Sauer, M.D.

(Name of Person)

LSI Solutions Inc.

(Firm/Company)

7796 Victor-Mendon Road

(Address)

Victor, NY 14564-8966

(City/State and Zip code)

For further information concerning this matter, please call:

Eva Sauer

(Name of Person)

at (585) 869-6600

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 26, 2008

EVA P. SAUER, M.D.
7796 VICTOR-MENDON ROAD
VICTOR, NY 14564-8966

SUBJECT: LSI SOLUTIONS INC.
Ref. Number: W08000044699

RECEIVED
08 OCT 13 AM 8 00
DIVISION OF CORPORATIONS

We have received your document for LSI SOLUTIONS INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

✓ The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

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) 245-6928.

Tim Burch
Regulatory Specialist II

Letter Number: 008A00051761

**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. **LSI Solutions 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. **New York**

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

3. **16-1300434**

(FEI number, if applicable)

4. **October 1, 1986**

(Date of incorporation)

5. **perpetual**

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

6. **June 19, 2008**

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

7. **7796 Victor-Mendon Road Victor, NY 14564-8966**

(Principal office address)

7796 Victor-Mendon Road Victor, NY 14564-8966

(Current mailing address)

8. **Sale of medical devices to Florida hospitals**

(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: **CT CORPORATION SYSTEM**

Office Address: **1200 S. PINE ISLAND Rd**


PLANTATION, FL 33324, Florida

(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.


(Registered agent's signature)

STEVEN P. ZIMMER
SPECIAL 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: SAME AS LISTED OFFICERS BELOW

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Jude S. Sauer, M.D.

Address: 7796 Victor-Mendon Road

Victor, NY 14564-8966

Vice President: _____

Address: _____


Secretary: Eva P. Sauer, M.D.

Address: 7796 Victor-Mendon Road

Treasurer: Victor, NY 14564-8966

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. Eva P. Sauer, M.D. Secretary & Treasurer
(Typed or printed name and capacity of person signing application)

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STATE
TALLAHASSEE, FLORIDA

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of LSI SOLUTIONS, INC. was filed on 10/01/1986, under the name of LASERSURGE, INC., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation. I further certify the following:

A Certificate of Amendment was filed on 01/27/1988.

Certificate of Change was filed on 01/22/1991.

A Biennial Statement was filed 12/04/2000.

Restated Certificate and Name Change of LASERSURGE, INC., changing its name to LSI SOLUTIONS, INC. was filed on 05/15/2002.

A Biennial Statement was filed 10/30/2002.

A Biennial Statement was filed 12/08/2004.

A Biennial Statement was filed 10/03/2006.

I further certify, that no other documents have been filed by such Corporation.

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DEPT. OF STATE
TALLAHASSEE, FLORIDA

*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 09th day of September
two thousand and eight.*



Daniel Shapiro
Special Deputy Secretary of State

