

FD8000005135

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000138394850

12/03/08--01032--012 \*\*87.50

FILED  
08 DEC -3 PM 2:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRX  
12/4

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** New Wave Surgical Corp.

(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:

Michael Lopez

(Name of Person)

New Wave Surgical Corp.

(Firm/Company)

97-45 Queens Boulevard, Suite 616

(Address)

Rego Park, NY 11374

(City/State and Zip code)

For further information concerning this matter, please call:

Michael Lopez

(Name of Person)

at ( 917 ) 280-3611

(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. **New Wave Surgical Corp.**

(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**

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

3. **25-1226525**

(FEI number, if applicable)

4. **October 23, 2007**

(Date of incorporation)

5. **Perpetual**

(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. **3700 NW 124th Street, Suite 135, Coral Springs, FL 33065**

(Principal office address)

**97-45 Queens Boulevard, Suite 616, Rego Park, NY 11374**

(Current mailing address)

8. **Medical manufacturing**

(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: **Alexander Gomez**

Office Address: **3700 NW 124th Street**

**Coral Springs**

(City)

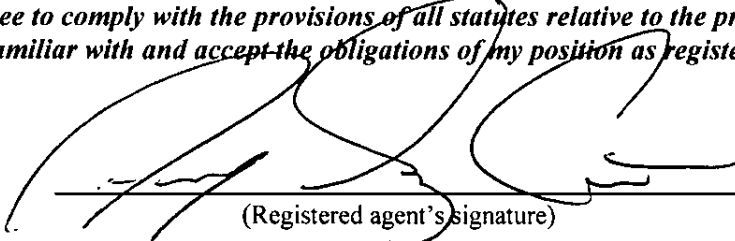
, Florida **33065**

(Zip code)

**FILED**  
08 DEC -3 PM 2:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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)

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:

**A. DIRECTORS**

Chairman: Andrew B. Widmark

Address: 212 W Main Street  
Durham, NC 27701-3239

Director: Dr. Sandy Heck

Address: 7117 Austin Street, Apt. No. 2F  
Forest Hills, NY 11375

Director: James C. Gooch

Address: 1221 Route 22, East No. 3  
Lebanon, NJ 08833

Director: Dr. Daniel G. McBride

Address: 15 Hampden Street  
Northampton, MA 01060-4256

**B. OFFICERS**

President: Alexander Gomez

Address: 62-57 Booth Street  
Rego Park, NY 11374

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

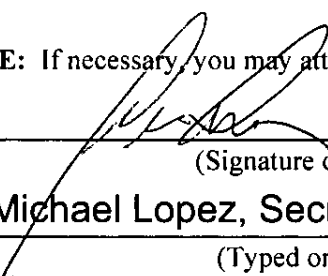
Secretary: Michael Lopez

Address: 46-04 193rd Street, Auburndale, NY 11358

Treasurer: Richard J Bruatigam

Address: 314 N Euclid Ave., Westfield, NJ 07090-2431

**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. Michael Lopez, Secretary  
(Typed or printed name and capacity of person signing application)

# Delaware

PAGE 1

## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NEW WAVE SURGICAL CORP." 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-FOURTH DAY OF NOVEMBER, A.D. 2008.

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

FILED  
08 DEC -3 PM 2:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4420655 8300

081139508

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6985649

DATE: 11-24-08