

F08000005164

(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



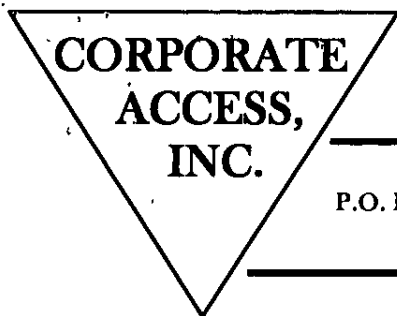
600138507006

12/05/08--01015--003 **87.50

RECEIVED
08 DEC -5 AM 10:34
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
08 DEC -5 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/4



When you need ACCESS to the world

236 East 6th Avenue . Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP:

12/5/92

- ☒ **CERTIFIED COPY** _____
- ☐ **PHOTOCOPY** _____
- ☒ **CUS** GS
- ☒ **FILING** inc

1. Spinal Dimensions, Inc.
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

**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. SPINAL DIMENSIONS 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 3. 14-1765847
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/29/1993 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 514 OLD LOUDON RD, COHOES, NY 12047
(Principal office address)

SAME
(Current mailing address)

8. DISTRIBUTOR OF SPINAL IMPLANTS
(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: SEE ATTACHED

Office Address: _____

_____, 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)

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.

FILED
08 DEC -5 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

FILED

Chairman: _____

08 DEC -5 PM 1:23

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: FRANK TEDESCO, JR.

Address: 5166 WOODLAWN DR.

SCHENECTADY NY 12303

Vice President: RONALD SACHER

Address: 31 VISTA DR.

SARATOGA SPRINGS NY 12866

Secretary: SUSAN HENS

Address: 256 ELM DR., EAST BERNE, NY 12059

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. FRANK TEDESCO, JR.

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

FILED

08 DEC -5 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 12/4/2008

ENTITY NAME: SPINAL DIMENSIONS INC.

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated
236 East 6th Avenue
Tallahassee, FL 32303

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in that capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.



Ninh Ho, Assistant Secretary
Paracorp Incorporated

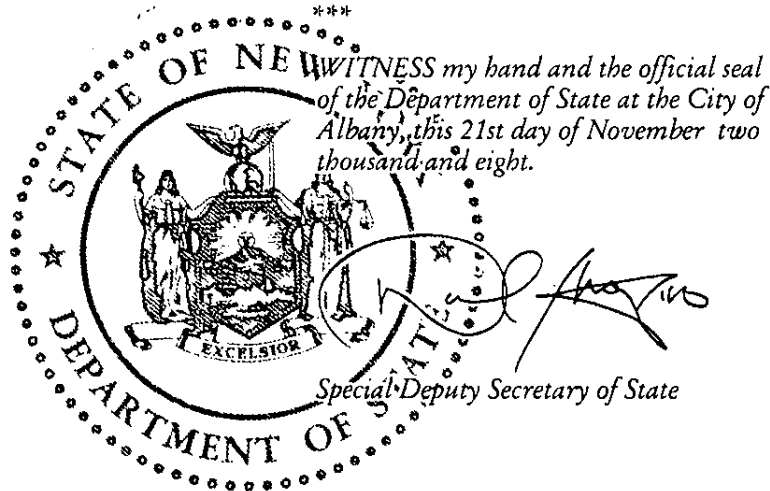
**State of New York
Department of State** } ss:

FILED
08 DEC -5 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I hereby certify, that the Certificate of Incorporation of SPINAL DIMENSIONS, INC. was filed on 10/29/1993, under the name of NEW YORK SPINE, 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.

A Certificate of Amendment NEW YORK SPINE, INC., changing its name to SPINAL DIMENSIONS, INC., was filed 05/05/2000.

The Biennial Statement is past due.



200811240101 26