09000001600

| (Requestor's Name) | |
|---|----------------------|
| (Address) | 20014984 |
| (Address) | 2001-30- |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | 04/20/0901043 |
| (Document Number) | |
| Certified Copies Certificates of Status | TALLANA |
| Special Instructions to Filing Officer: | TALLAHA9SEE, FLORIDA |
| | |

Office Use Only



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-022 **70.00

COVER LETTER

| TO: New Filing Division of | Section Corporations | |
|---|--|----|
| SUBJECT: Cardio | ovascular Center for Research, Inc. (Name of Corporation – must include suffix) | |
| Dear Sir or Madam: | | |
| | ication by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", ence", and check are submitted to register the above referenced not for profit corporation to conduct the conduct its Affairs in Florida", and check are submitted to register the above referenced not for profit corporation to conduct its Affairs in Florida", | et |
| Please return all corr | respondence concerning this matter to the following: | |
| | Angela Serio (Name of Person) | |
| | Godfrey & Kahn, S.C. (Firm/Company) | |
| | 780 North Water Street (Address) | |
| | Milwaukee, WI 53202 (City/State and Zip Code) | |
| For further informat | ion concerning this matter, please call: | |
| Angela Serio (Na | at (414) 287-9221 me of Person) (Area Code & Daytime Telephone Number) | |
| MAILING New Filing Division of O P.O. Box 63 Tallahassee, | Section New Filing Section Corporations Division of Corporations 27 Clifton Building | |
| Enclosed is a check | for the following amount: | |
| ☑ \$70.00 Filing Fee | * | |

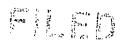
APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

| Cardiovascular Center for Research, Inc. (Name of corporation: must include the word "INCORPORA import in language as will clearly indicate that it is a corpora in the name at present. "Company" or "Co." may not be used | tion instead of a natural person or partne | ership if not so contained |
|---|--|---|
| 2. Wisconsin | 339-1820123 | |
| (State or country under the law of which it is incorporated | (FEI number, if applic | cable) |
| 4. 5/22/1995 | 5. perpetual | |
| (Date of Incorporation) | (Duration: Year corp. will cease to | exist or "perpetual") |
| 6. N/A | | |
| (Date first conducted affairs in Florida if prior to registration. S | ee sections 617.1501 & 617.1502, F.S. to | determine penalty iability.) |
| 7 1417 Lakaland Hilla Rivd - Lakaland El 22905 | | |
| 7. 1417 Lakeland Hills Blvd., Lakeland, FL 33805 (Principa | il office address) | |
| | | |
| 1417 Lakeland Hills Blvd., Lakeland, FL 33805 | mailing address) | |
| (Curent | maning address) | |
| 8. Medical research. (Purpose(s) of corporation authorized in home state or count 9. Name and <u>street address</u> of Florida registered agent: (P | | a) ALE OF |
| Name: Anita M. Arnold, D.O. | | 3 3 |
| | | 6 |
| Office Address: 1417 Lakeland Hills Blvd. | | P The |
| | | المصيدة بن الله |
| Lakeland (City) | , Florida <u>33805</u> (Zip Code) | — 吳玉 3 |
| (City) | (Zip code) | . Sun |
| 10. Registered agent's acceptance: Having been named as registered agent and to accept se designated in this application, I hereby accept the appoi further agree to comply with the provisions of all statute duties, and I am familiar with and accept the obligation. | intment as registered agent and agress relative to the proper and complets of my position as registered agent. | ee to act in this capacity. It te performance of my |
| (Registered | Agent's signature) | 10 /10/00 |

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 an | d addresses | of officers | and/or | directors: |
|-----|----------|-------------|-------------|--------|------------|
|-----|----------|-------------|-------------|--------|------------|



A. DIRECTORS

09 APR 20 PH 3: 33

| Chairman: Anita M. Arnold, D.O. | SECOLUMN OF STATE |
|---|---|
| Address: 1417 Lakeland Hills Blvd., Lakeland, FL 33805 | MULAHABSEE, FLORIDA |
| Vice Chairman: | |
| Address: | |
| Director: Matthew J. Mick, M.D. | |
| Address: 1417 Lakeland Hills Blvd., Lakeland, FL 33805 | |
| Director: Dana Kappel | |
| Address: 9407 South 33rd Street, Franklin, WI 53132 | |
| B. OFFICERS | |
| President:Anita M. Arnold, D.O. | · · · · · · · · · · · · · · · · · · · |
| Address:1417 Lakeland Hills Blvd., Lakeland, FL 33805 | |
| | |
| Vice President: Matthew J. Mick, M.D. | |
| Address:1417 Lakeland Hills Blvd., Lakeland, FL 33805 | |
| Secretary: Dana Kappel | |
| Address: 9407 South 33rd Street, Franklin, WI 53132 | |
| Treasurer: | |
| Address: | |
| NOTE: If necessary, you may attach an addendum to the application of the supplication | ation listing additional officers and/or directors. |
| (Signature of Chairman, Vice Chairman, or any office | er listed in number 12 of the application) |
| 14. Anita M. Arnold, D.O., President (Typed or printed name and capacity | of person signing application) |

United States of America State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services

To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Deputy Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions, do hereby certify that

CARDIOVASCULAR CENTER FOR RESEARCH, INC.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is May 22, 1995.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.

> my hand and affixed the official seal of the Department on April 16, 2009.

> > RAY ALLEN, Deputy Administrator Division Of Corporate & Consumer Services Department of Financial Institutions

IN TESTIMONY WHEREOF, I have hereunto set

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records former by held by the Secretary of State.

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: http://www.wdfi.org/apps/ccs/verify/

Enter this code:

64999-8A10481E