

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** F09000003144

1. Corporation Name

TOSHIBA MEDICAL RESEARCH INSTITUTE USA, INC.

2. Principal Office Address - No P.O. Box #

706 N DEERPATH DRIVE

Suite, Apt. #, etc.

City & State

VERNON HILLS, IL

Zip

60061

Country

USA

3. Mailing Office Address

706 N DEERPATH DRIVE

Suite, Apt. #, etc.

City & State

VERNON HILLS, IL

Zip

60061

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

08/06/2009

5. FEI Number

56-2594344

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

Yes

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

C T CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, etc.

City

PLANTATION

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of  
Registered Agent

*Denise Bell*

Denise Bell, Asst Sec

Date 1/10/18

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	SEE ATTACHED		

**REINSTATEMENT**

2010-2018

10. E-mail Address: tharrington@us.medical.canon

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 817, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 817.0401, F.S., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

*John Patterson*

John Patterson

1/10/18

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

**Canon Medical Systems USA, Inc.**

**LIST OF OFFICERS**

**As of March 23, 2017**

<u>OFFICERS</u>	<u>TITLE</u>	<u>ADDRESS</u>
Karen Barack La-Point	Sr. Vice President, Chief Sales Officer	2441 Michelle Drive PO Box 2068 Tustin, CA 92781-2068
John Patterson	Vice President, CFO and Treasurer	2441 Michelle Drive P.O. Box 2068 Tustin, CA 92781-2068
Nader Rad	Vice President, Chief Officer and Secretary	2441 Michelle Drive P.O. Box 2068 Tustin, CA 92781-2068
Shuzo Yamamoto	President, CEO	2441 Michelle Drive PO Box 2068 Tustin, CA 92781-2068

**TOSHIBA AMERICA MEDICAL SYSTEMS, INC.**  
**LIST OF DIRECTORS**

**As of March 23, 2017**

<u>DIRECTORS</u>	<u>TITLE</u>	<u>ADDRESS</u>
John Patterson	Director	2441 Michelle Drive PO Box 2068 Tustin, CA 92781-2068
Toshio Takiguchi	Director	Toshiba Medical Systems Company 1385, Shimoishigami, Otawara Tochigi Prefecture, 324-8550, Japan
Yoshiyuki Sakamitsu	Director	Toshiba Medical Systems Company 1385, Shimoishigami, Otawara Tochigi Prefecture, 324-8550, Japan
Shuzo Yamamoto	Director	2441 Michelle Drive PO Box 2068 Tustin, CA 92781-2068

# CT Corp.

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

**Date:** 1/10/2018

Acc#I20160000072



Name:	Toshiba Medical Research Institute USA, Inc.		
Document #:			
Order #:	10780584		

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
	<input type="checkbox"/>			
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:		
		Number of Certs:		

<b>Filing:</b>	<b>Certified:</b>	This is a 1 - 2 filing. Please file the Reinstatement first.
	Plain:	
	COGS:	

18 JAN 10 AM 11:07  
TALLAHASSEE, FLORIDA

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 1958.75

Please call if you have questions about this amount.

2018 JAN 10 AM 9:14  
FILED

Thank you!