

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6381

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Email Address: Erickson.julie@dxrsey.com

**FOREIGN PROFIT/NONPROFIT CORPORATION**

**NexGen Medical Systems, Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	05
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720.<sup>00</sup>

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 DEC - 8 AM 10:43

**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. NexGen Medical Systems, 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. Delaware

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

3. 83-0363428

(FEI number, if applicable)

4. August 30, 2002

(Date of incorporation)

5. Perpetual

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

6. August 1, 2008

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

7. 10471 Double R Blvd., Suite C, Reno Nevada 89521

(Principal office address)

10471 Double R Blvd., Suite C, Reno, Nevada 89521

(Current mailing address)

8. Medical device research and development.

(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 South Pine Island Road

Plantation


(City)

Florida 33324

(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)

Doni Kness  
Asst. 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: \_\_\_\_\_

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

Vice Chairman: \_\_\_\_\_

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

Director: John Kucharczyk

Address: 10471 Double R. Blvd., Suite C, Reno, Nevada 89521

Director: Richard Latchaw

Address: 10471 Double R. Blvd., Suite C, Reno, Nevada 89521

(see attachment page)

B. OFFICERS

President: John Kucharczyk (President & Chief Executive Officer)

Address: 10471 Double R. Blvd., Suite C, Reno, Nevada 89521

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

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

Secretary: John Kucharczyk

Address: 10471 Double R. Blvd., Suite C, Reno, Nevada 89521

Treasurer: John Kucharczyk (Chief Financial Officer)

Address: 10471 Double R. Blvd., Suite C, Reno, Nevada 89521

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. X John Kucharczyk

(Signature of Director or Officer listed in number 12 of the application)

14. John Kucharczyk, President & CEO

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

**ATTACHMENT TO APPLICATION BY FOREIGN CORPORATION  
FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA  
FOR  
NEXGEN MEDICAL SYSTEMS, INC.**

**CORPORATE DIRECTORS CONTINUED**

<u>Joel Braunstein</u>	<u>10471 Double R. Blvd., Suite C, Reno</u>	<u>Nevada</u>	<u>89521</u>
Address	City	State	Zip
<u>Senai Ascfaw</u>	<u>10471 Double R. Blvd., Suite C, Reno</u>	<u>Nevada</u>	<u>89521</u>
Address	City	State	Zip
<u>Carv Adams</u>	<u>10471 Double R. Blvd., Suite C, Reno</u>	<u>Nevada</u>	<u>89521</u>
Address	City	State	Zip

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NEXGEN MEDICAL SYSTEMS, INC." 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 EIGHTH DAY OF DECEMBER, A.D. 2009.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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091078039

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



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 7683880

DATE: 12-08-09