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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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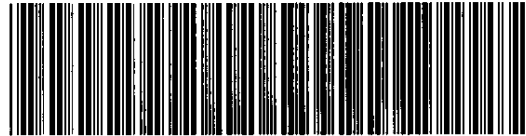
(Business Entity Name)

(Document Number)

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2010 AUG 23 P 1:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

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

**SUBJECT:** CORMATRIX CARDIOVASCULAR INC.  
(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:

JOHN C. THOMAS JR

(Name of Person)

CORMATRIX CARDIOVASCULAR INC

(Firm/Company)

286 SOUTH MAIN STREET SUITE 200

(Address)

ALPHARETTA, GEORGIA 30009

(City/State and Zip code)

For further information concerning this matter, please call:

JOHN C. THOMAS JR

(Name of Person)

at ( 678 ) 566-2628

(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

STATE  
TALLAHASSEE, FL  
DIVISION OF CORPORATIONS

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 4, 2010

JOHN C TNOMAS JR  
CORMATRIX CARDAVASCULAR INC  
286 SOUTH MAIN STREET, SUITE 200  
ALPHARETTA, GA 30009

SUBJECT: CORMATRIX CARDIOVASCULAR, INC.  
Ref. Number: W10000036599

We have received your document for CORMATRIX CARDIOVASCULAR, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$950.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing  
Document Specialist Supervisor

Letter Number: 910A00018772

**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. CORMATRIX CARDIOVASCULAR, 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. GEORGIA 3. 58-2666230  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/31/01 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 2/20/07  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 286 SOUTH MAIN ST, SUITE 286 ALPHARETTA, GA 30009  
(Principal office address)

286 SOUTH MAIN ST, SUITE 286, ALPHARETTA, GA 30009  
(Current mailing address)

8. ADMINISTRATIVE OFFICE AND SALES REPS THROUGHOUT THE STATE  
(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: BEECHER LEWIS

Office Address: 1615 VILLAGE SQUARE BLVD #5  
TALLAHASSEE, Florida 32309  
(City) (Zip code)

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STATE OF FLORIDA  
TALLAHASSEE

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: DAVID B. CAMP

Address: 286 SOUTH MAIN STREET SUITE 200  
ALPHARETTA, GA 30009

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

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

Director: ROBERT MARTINEY

Address: 286 SOUTH MAIN STREET SUITE 200  
ALPHARETTA, GA 30009

Director: JOHN C. THOMAS JR.

Address: 286 SOUTH MAIN STREET SUITE 200  
ALPHARETTA, GA 30009

**B. OFFICERS**

President: DAVID B. CAMP

Address: 200 SOUTH MAIN STREET SUITE 200  
ALPHARETTA, GA 30009

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

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


Secretary: JOHN C. THOMAS JR

Address: 200 SOUTH MAIN STREET SUITE 200, ALPHARETTA, GA 30009

Treasurer: JOHN C. THOMAS JR.

Address: 200 SOUTH MAIN STREET SUITE 200, ALPHARETTA, GA 30009

**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. JOHN C. THOMAS JR SECRETARY  
(Typed or printed name and capacity of person signing application)

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2000 AUG 23 P 1:22  
STATE OF GEORGIA  
TALLAHASSEE, FLORIDA

# STATE OF GEORGIA

## Secretary of State

Corporations Division  
315 West Tower  
#2 Martin Luther King, Jr. Dr.  
Atlanta, Georgia 30334-1530

### CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

#### **CORMATRIX CARDIOVASCULAR, INC.**

##### **Domestic Profit Corporation**

was formed or was authorized to transact business on 10/31/2001 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 18th day of July, 2010

*B. P. Kemp*

Brian P. Kemp  
Secretary of State