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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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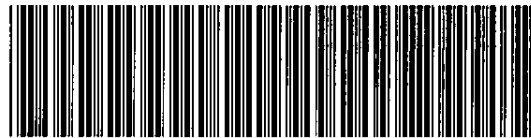
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01-58-6
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COVER LETTER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: New Filing Section
Division of Corporations

SUBJECT: VYCOR MEDICAL, 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," or "Certificate of Good Standing" 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:

PHYLLIS ZUCKERBROT

Name of Person

VYCOR MEDICAL, INC

Firm/Company

80 ORVILLE DRIVE, SUITE 100

Address

BOHEMIA, NY 11716

City/State and Zip code

PZUCKERBROT@VYCORMEDICAL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PHYLLIS ZUCKERBROT

Name of Person

at (631) 244-1435 x2415

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

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.

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1. Vycor Medical, 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 3. 20-3369218
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. Aug 15, 2007 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 80 Orville Drive, Suite 100, Bohemia NY 11716
(Principal office address)

same as above
(Current mailing address)

8. Design develop and market medical devices for use in
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) neuro surgery.

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: AGENTS AND CORPORATIONS, INC.

Office Address: 300 FIFTH AVENUE SOUTH, SUITE 101-330

NAPLES, Florida 34102
(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.

David M. Williams
(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: ADRIAN LIDDELL

Address: 80 ORVILLE DRIVE, SUITE 100
BOHEMIA, NY 11716

Vice Chairman: _____

Address: _____

Director: PETER ZACHARIOU

Address: 80 ORVILLE DRIVE, SUITE 100
BOHEMIA, NY 11716

Director: HEATHER VINAS

Address: 80 ORVILLE DRIVE, SUITE 100
BOHEMIA, NY 11716

B. OFFICERS

President: KENNETH COVIELLO

Address: 80 ORVILLE DRIVE, SUITE 100
BOHEMIA, NY 11716

Vice President: _____

Address: _____

Secretary: ADRIAN LIDDELL

Address: 80 ORVILLE DRIVE, SUITE 100, BOHEMIA, NY 11716

Treasurer: ADRIAN LIDDELL

Address: 80 ORVILLE DRIVE, SUITE 100, BOHEMIA, NY 11716

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. KENNETH COVIELLO, PRESIDENT

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

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TALLAHASSEE, FLORIDA

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ADDENDUM

QUESTION 12

Names and business addresses of officers and/or directors:

A. DIRECTORS:

DAVID CANTOR
80 ORVILLE DRIVE, SUITE 100,
BOHEMIA, NY 11716

STEVE GIRGENTI
80 ORVILLE DRIVE, SUITE 100,
BOHEMIA, NY 11716

PASCALE MANGIARDI
80 ORVILLE DRIVE, SUITE 100,
BOHEMIA, NY 11716

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TALLAHASSEE, FLORIDA

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VYCOR MEDICAL, 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 FIRST DAY OF SEPTEMBER, A.D. 2010.


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TALLAHASSEE, FLORIDA

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You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8206183

DATE: 09-01-10