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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

Nfocus Neuromedical, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

2010 OCT 11 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10 OCT 11 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Nfocus Neuromedical, 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:

Jill Papp

Name of Person

Nfocus Neuromedical, Inc.

Firm/Company

2191 E. Bayshore Road, Suite 100

Address

Palo Alto, CA 94303

City/State and Zip code

jill@nfocusneuro.com

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

For further information concerning this matter, please call:

Jill Papp

Name of Person

at (650) 845-3066

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**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. Nfocus Neuromedical, 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. 94-3275698

(FBI number, if applicable)

4. July 10, 1997

(Date of incorporation)

5. Perpetual

(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. 2191 E. Bayshore Road, Suite 100, Palo Alto, CA 94303

(Principal office address)

2191 E. Bayshore Road, Suite 100, Palo Alto, CA 94303

(Current mailing address)

8. Engage in any lawful activity or activity for which corporations may be organized under the General Corporation Law of Delaware

(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.

Connie Bryan

Connie Bryan
(Registered agent's signature)

Assistant 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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Eric Milledge

Address: 2191 E. Bayshore Road, Suite 100, Palo Alto, CA 94303

Vice Chairman: _____

Address: _____

Director: Martin Dieck

Address: 2191 E. Bayshore Road, Suite 100, Palo Alto, CA 94303

Director: Roger J. Guy

Address: 2191 E. Bayshore Road, Suite 100, Palo Alto, CA 94303

B. OFFICERS

President: Martin Dieck

Address: 2191 E. Bayshore Road, Suite 100, Palo Alto, CA 94303

Vice President: N/A

Address: _____

Secretary: J. Casey McGlynn

Address: 2191 E. Bayshore Road, Suite 100, Palo Alto, CA 94303

Treasurer: Jill Papp (Chief Financial Officer)

Address: 2191 E. Bayshore Road, Suite 100, Palo Alto, CA 94303

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

13. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is 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.

14. J. Casey McGlynn, Secretary

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

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Addendum - Additional Director

Name: Mir A. Imran

Address: 2191 E. Bayshore Road, Suite 100, Palo Alto, CA 94303

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SECRETARY OF
TALLAHASSEE COUNTY

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NFOCUS NEUROMEDICAL, 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 OCTOBER, A.D. 2010.

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.

2010 OCT 11 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8279358

DATE: 10-08-10