# 000004669

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Phone 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.\*\*

### FOREIGN PROFIT/NONPROFIT CORPORATION

FlowCardia, Inc.

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#### **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: FlowCardia, Inc.	
Name of corpor	ration - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Bxistence," or "Certificate of Good above referenced foreign corporation to transact by	
Please return all correspondence concerning this n	natter to the following:
Corey Neureuther	
Nam	ne of Person
FlowCardia, Inc.	
Firm	/Company
730 Central Avenue	
	Address
Murray Hill, NJ 07974	
•	tate and Zip code
Corey.Neureuther@crbard.com	used for future annual report notification)
E-mail address: (to be t	ised for future animal report normalions
For further information concerning this matter, ple	ease call;
Name of Person at (	Area Code & Daytime Telephone Number
radiic of a disori	ges code as payante i propriore i vantevi
STREET/COURIER ADDRESS: New Filing Section	MAILING ADDRESS: New Filing Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, FL 32314
Tallahassee, FL 32301	
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$\times \text{Certificate of Status}\$	\$78.75 Filing Fee & Certified Copy  Service Copy  \$87.50 Filing Fee, Certified Copy  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.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")  (If name unavaliable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  Delaware  (State or country under the law of which it is incorporated)  (PEI number, if applicable)  (PEI number, if applicable)  (Og/21/2001  (Date of incorporation)  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  730 Central Avenue, Murray Hill, NI 07974  (Principal office address)  Rame  (Current mailing address)  Deal in and with hospital supplies.  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  C T Corporation System  Tice Address:  1200 South Pine Island Road  Plantation  (City)  Florida 33324  (Zip code)	(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)  Delaware  3. 94-3409804  (State or country under the law of which it is incorporated)  (Date of incorporation)  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  730 Central Avenue, Murray Hill, NI 07974  (Principal office address)  Earne  (Current mailing address)  Deal in and with hospital supplies.  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: C T Corporation System  fice Address: 1200 South Pine Island Road  Plantation  (City)  Registered agent's acceptance:  wing been named as registered agent and to accept service of process for the above stated corporation at the place agented in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I		FlowCardia, Inc.	温斯科
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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: SEE ATTACHMENT		
Address:		
	efficiency They was a	130
Vice Chairman:	17. Carry 18. Ca	22
	a frage	P
Address;		Ņ
Disastra		
Director:		
Address:	<u> </u>	
Director:		
Address:		<del></del>
B. OPFICERS		
President: SEE ATTACHMENT		
Address:		
Vice President:		
Address:		
Secretary:	·	
Address:		
Treasurer:		
Address:		
NOTE: If necessary, you may attach an addendum to the applic	ntion listing additional officers and/or directors.	
13. July 18	12 F	
(Signature of Director of Officer listed in		
14. Richard C. Rosenzwe  (Typed or printed name and capacity of		
(-) have at becomes tomate men emblected, at	karani ngung abhiraton)	

Name Village	<b>德山時間</b> 2000年
Baasley, Jim C,	Director
Long, Stepken J.	Director
Schemerham, Todd C.	Director
Welland, John H.	Director
Beasley, Jim C.	President
Schermerhorn, Todd C.	Vice President
Weilend, John H.	Vice President
Long, Stephen J.	Vice President & Secretary
Lowry, Scott T.	Treasurer
Lowry, Scott T.	Vice President & Tressurer
Rosenzweig, Richard C.	Vice President & Assistant Secretary

FILED

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SCOR LARY OF STATE
FALL AHASSEE FLORIDA

## Delaware

PAGE 1

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FLOWCARDIA, 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 TWENTY-FIRST 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.

FILED

DIN OCT 22 PN 2: 49

SECRETARY OF STATE

ALL AND SECL FLOORING

3437737 8300

101017381

AUTHENTICATION: 8303885

DATE: 10-21-10

You may verify this certificate online at corp.delawara.gov/euthwer.shtml