

F10000004866

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000241854 3)))



H100002418543ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 NOV -5 PM 4: 01

RECEIVED

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

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 NOV -5 AM 11: 34

FILED

FOREIGN PROFIT/NONPROFIT CORPORATION
OtisMed Corporation

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

MRS 11/8

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: OTISMED CORPORATION

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:

Name of Person	
OTISMED CORPORATION	
Firm/Company	
2825 AIRVIEW BLVD.	
Address	
KALAMAZOO, MI 49002	
City/State and Zip code	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

JON HALLACK	at (269) 385-2600
Name of Person	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.*

1. OTISMED CORPORATION

(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. CALIFORNIA

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

3. 71-0988039

(FBI number, if applicable)

4. 08/17/2005

(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. 1600 HARBOR BAY PKWAY SUTTE 200, ALAMEDA, CA 94502

(Principal office address)

2825 AIRVIEW BLVD, KALAMAZOO, MI 49002

(Current mailing address)

8. SALES OF MEDICAL PRODUCTS

(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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324

(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.

By: Chris McNear
C T Corporation System

Chris McNear
Assistant Secretary

(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.

FILED
10 NOV - 5 AM 11:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

10 NOV -5 AM 11:34

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: TONY M. MCKINNEY

Address: 2825 AIRVIEW BLVD

KALAMAZOO, MI 49002

Director: MICHAEL P. MOGUL

Address: 325 CORPORATE DRIVE

MAHWAH, NJ 07430

B. OFFICERS

President: MICHAEL P. MOGUL

Address: 325 CORPORATE DRIVE

MAHWAH NJ 07430

Vice President: ERIC LUM

Address: 2825 AIRVIEW BLVD

KALAMAZOO, MI 49002

Secretary: CURTIS HALL

Address: 2825 AIRVIEW BLVD, KALAMAZOO, MI 49002

Treasurer: JEANN M. BLONDIA

Address: 2825 AIRVIEW BLVD KALAMAZOO MI 49002

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

13. _____ 11/3/10

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. Eric Lum - Vice President, Tax

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

FILED

10 NOV -5 AM 11:34

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**State of California
Secretary of State**

CERTIFICATE OF STATUS

ENTITY NAME:

OTISMED CORPORATION

FILE NUMBER: C2634799
FORMATION DATE: 08/17/2005
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of November 04, 2010.

Debra Bowen

DEBRA BOWEN
Secretary of State