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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 APR 18 AM 11:16

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

Account Name : C T CORPORATION SYSTEM
Account Number : FCA0000000
Phone : (850) 222-1000
Fax Number : (850) 878-5368

RE-SUBMIT

Please retain original filing
date of submission

****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

Spectrum Surgical Instruments Corp.

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$720.00

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TALLAHASSEE, FLORIDA

11 APR 19 PM 4:54

RECEIVED

J. Shivers APR 20 2011



April 19, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION SYSTEM

Instruments
SUBJECT: SPECTRUM SURGICAL (INSTRUMENTALS) CORP.
REF: W11000021840

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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 \$650.00.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch
Regulatory Specialist II

FAX Aud. #: H11000102477
Letter Number: 711A00009437

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Spectrum Surgical Instruments Corp.

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:

Rick Ryland

Name of Person

Spectrum Surgical Instruments Corp.

Firm/Company

4575 Hudson Drive

Address

Stow, OH 44224

City/State and Zip code

rickr@spectrumsurgical.com

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

For further information concerning this matter, please call:

Rick Ryland

at (330) 686-4550

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

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TALLAHASSEE, FLORIDA

**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. Spectrum Surgical Instruments Corp.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ine.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Ohio

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

3. 34-1380619

(FEI number, if applicable)

4. 10/08/1982

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. 01/01/2010

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

7. 4575 Hudson Dr., Stow, OH 44224

(Principal office address)

same

(Current mailing address)

8. SEE ATTACHMENT

(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.

C T Corporation System

By: Joyce Gilbert

(Registered agent's signature)

Joyce Gilbert, Asst. 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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS SEE ATTACHMENT

President: Rick Costello

Address: 4575 Hudson Dr.

Stow, OH 44224

Vice President: _____

Address: _____

Secretary: Michelle A. Schultz

Address: 4575 Hudson Dr., Stow, OH 44224

Treasurer: _____

Address: _____

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

13. Rick Costello President

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. Rick Costello, President

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

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TALLAHASSEE, FLORIDA

Attachment to Florida

Purpose Clause

To engage in any lawful activity for which corporations may be organized to do business.

Officers & Directors

1	Full Name:	Richard J Schultz
	Officer/Director:	Officer
	Officer's Title:	Co-CEO
	Director's Title:	
	Business Address:	4575 Hudson Dr.
	City:	Stow
	State:	OH
	ZIP Code:	44224

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TALLAHASSEE, FLORIDA

**United States of America
State of Ohio
Office of the Secretary of State**

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show SPECTRUM SURGICAL INSTRUMENTS CORP., an Ohio corporation, Charter No. 602026, having its principal location in Beachwood, County of Cuyahoga, was incorporated on October 08, 1982 and is currently in GOOD STANDING upon the records of this office.

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 18th day of February, A.D. 2011*

Jon Husted

Ohio Secretary of State

Validation Number: V201146F15434