

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

**\*RE-SUBMIT\***

From:

Account Name : C T CORP  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5161

Please retain original filing  
date of submission 6/24

\*\*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  
CORETHERM MEDICAL INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

RECEIVED  
11 JUN 29 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Ps 6/30/11



June 28, 2011

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

C T CORPORATIONN SYSTEM

SUBJECT: CORETHERM MEDICAL INC  
REF: W11000034579

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.

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Tim Burch  
Regulatory Specialist II

FAX Aud. #: H11000167561  
Letter Number: 111A00015517

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** CoreTherm 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:

Anders Elf

Name of Person

CoreTherm Medical Inc.

Firm/Company

120 Commerce Boulevard, Suite 5

Address

Oldamar, FL 34677

City/State and Zip code

anders.elf@prostaland.com

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

For further information concerning this matter, please call:

Svein Lelthe

at ( 727 ) 741-5505

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. CoreTherm 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. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. June 22, 2011 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. 120 Commerce Boulevard, Suite 5, Oldsmar, FL 34677  
(Principal office address)

Same  
(Current mailing address)

8. \_\_\_\_\_  
To engage in any lawful act or activity for which companies may be organized to do business under the laws of the states  
of Delaware and Florida.  
(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, 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.*

CT Corporation System

By:   
(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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 JUN 24 AM 10:05

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

**A. DIRECTORS**

Chairman: Ulf Rosen

Address: c/o Coretherm Medical Inc.

120 Commerce Boulevard, Suite 5, Oldsmar, FL 34677

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Anders Elf

Address: c/o Coretherm Medical Inc.

120 Commerce Boulevard, Suite 5, Oldsmar, FL 34677

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Anders Elf

Address: c/o Coretherm Medical Inc.

120 Commerce Boulevard, Suite 5, Oldsmar, FL 34677

Vice President: None

Address: \_\_\_\_\_

Secretary: Anders Elf

Address: c/o Coretherm Medical Inc., 120 Commerce Boulevard, Suite 5, Oldsmar, FL 34677

Treasurer: None

Address: \_\_\_\_\_

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. Anders Elf, President and Secretary

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CORETHERM 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 TWENTY-SECOND DAY OF JUNE, A.D. 2011.

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 JUN 24 AM 10:05



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110749960

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 8854228

DATE: 06-22-11