

F11000003110

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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Special Instructions to Filing Officer:

Office Use Only

W11-35168



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06/29/11--01013--001 \*\*70.00

FILED  
11 AUG -1 PM 1:07  
SEALY, J. STATE  
TALLAHASSEE, FLORIDA

K 08/02/11



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
11 AUG -1 AM 11:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

July 18, 2011

JACK SENN, CONTROLLER  
4480 LAKE FOREST DRIVE  
SUITE 412  
CINCINNATI, OH 45242

\*\*\* 2ND MAILING \*\*\*

SUBJECT: VERIUM DIAGNOSTICS INC.  
Ref. Number: W11000035168

We have received your document for VERIUM DIAGNOSTICS INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper, that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6949.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 811A00015826

*certificate of status*

## COVER LETTER

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

**SUBJECT:** Verium Diagnostics 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:

Jack Senn, Controller

Name of Person

Verium Diagnostics Inc.

Firm/Company

4480 Lake Forest Drive

Address

Cincinnati, OH 45242

City/State and Zip code

jsenn@veriumdiagnostics.com

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

For further information concerning this matter, please call:

Jack Senn

Name of Person

at ( 513 ) 429-4340

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. Verium Diagnostics, 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. 02-0624271

(FEI number, if applicable)

4. January 8, 2011

(Date of incorporation)

5. Perpetual

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

6. May 1, 2011

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

7. 4480 Lake Forest Drive Suite 412 Cincinnati OH 45242

(Principal office address)

4480 Lake Forest Drive Suite 412 Cincinnati OH 45242

(Current mailing address)

8. Sale of medical devices

(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: William P. Weatherford, Jr.

Office Address: 1150 Louisiana Ave., Ste 4

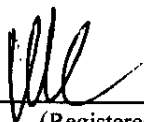
Winter Park, Florida 32789

(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.*



(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.

11 AUG - 1 PM 1:00  
STATE DEPT OF STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: Jeffrey Krauss

Address: 140 Broadway 51st Floor  
New York, NY

Vice Chairman: Albert Waxman

Address: 140 Broadway 51st Floor  
New York, NY 10005

Director: William Christy

Address: 260 S Osceola Ave Unit 1604  
Orlando FL 32801

Director: David Eichler

Address: 140 Broadway 51st Floor  
New York NY 10005

**B. OFFICERS**

President: William Christy

Address: 260 S Osceola Ave Unit 1604  
Orlando FL 32801

Vice President: \_\_\_\_\_

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

Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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. \_\_\_\_\_

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

11 AUG - 1 PM 1:07  
SECURITY OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VERIUM DIAGNOSTICS, 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 SECOND DAY OF MAY, A.D. 2011.

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.

11 AUG -1 PM 1:07  
SECRETARY OF STATE  
HALLMARKS FLORIDA

4237437 8300

110477622

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: 8730224

DATE: 05-02-11