

F11000005007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

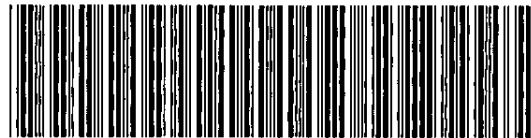
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch DEC 14 2011



GORDIAN MEDICAL, INC.

December 13, 2011

By UPS Overnight

Douglas Mannheimer, Esq.
Broad and Cassel
215 South Monroe St., Ste 400
Tallahassee, FL 32302-3300

Re: Florida Qualification to do Business

Dear Doug:

Attached are the following:

- (1) Cover letter;
- (2) Original executed Application by Foreign Corporation for Authorization to Transact Business in Florida;
- (3) Original Nevada Certificate of Existence; and
- (4) Check payable to Florida Division of Corporations in the amount of \$70.00.

As discussed, the first page of item (2) requiring the signature of our registered agent can be obtained from our registered agent:

Corporate Access, Inc.
236 East 6th Avenue
Tallahassee, FL 32303

Please contact Doris at 850-222-2666 to arrange for pick-up. Feel free to contact me with any questions.

Sincerely,

David R. Simon, Esq.
Vice President and General Counsel

*Wound Care Products and
Education to the Medical Community*

17595 CARTWRIGHT ROAD
IRVINE, CA 92614-5847
PHONE: (714) 556-0200
FAX: (714) 556-0300

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Gordian 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:

David Simon

Name of Person

Gordian Medical, Inc.

Firm/Company

17595 Cartwright Road

Address

Irvine, CA 92614

City/State and Zip code

david.simon@amtoundcare.com

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

For further information concerning this matter, please call:

David Simon

Name of Person

at (714) 556-0200

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. Gordian 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. Nevada

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

3. 32-0198007

(FEI number, if applicable)

4. March 16, 2007

(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. 17595 Cartwright Road, Irvine, CA 92614

(Principal office address)

17595 Cartwright Road, Irvine, CA 92614

(Current mailing address)

8. Any lawful business.

(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: Corporate Access, Inc.

Office Address: 236 East 6th Avenue

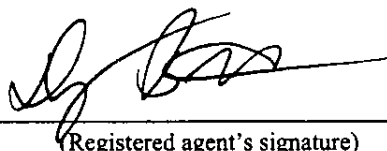
Tallahassee, Florida 32303

(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.

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

A. DIRECTORS

Chairman: Gerald Del Signore

Address: 17595 Cartwright Road
Irvine, CA 92614

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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TALLAHASSEE, FLORIDA

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B. OFFICERS

President: Gerald Del Signore

Address: 17595 Cartwright Road
Irvine, CA 92614

Vice President: David Simon

Address: 17595 Cartwright Road
Irvine, CA 92614

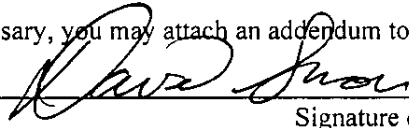
Secretary: Gerald Del Signore

Address: 17595 Cartwright Road, Irvine, CA 92614

Treasurer: Gerald Del Signore

Address: 17595 Cartwright Road, Irvine, CA 92614

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. David Simon, Vice President & General Counsel

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

SECRETARY OF STATE



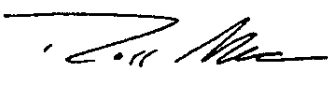
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **GORDIAN MEDICAL, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since March 16, 2007, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on December 8, 2011.


ROSS MILLER
Secretary of State

By



Certification Clerk

