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FOREIGN PROFIT/NONPROFIT CORPORATION  
Nouveau Medical, Inc.

Certificate of Status	0
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# 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. Nouveau 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. 45-5253346  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 5/9/2012 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 36181 East Lake Road, Suite 400, Palm Harbor, Florida 34685  
(Principal office address)
- 36181 East Lake Road, Suite 400, Palm Harbor, Florida 34685  
(Current mailing address)
8. All 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 or Mail Drop Box NOT acceptable)  
Name: Business Filings Incorporated  
Office Address: 515 E. Park Avenue  
Tallahassee, Florida 32301  
(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.*  
Mark Williams Mark Williams, AVP, Business Filings Incorporated  
(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.
12. Names and business addresses of officers and/or directors:

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**A. DIRECTORS**

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

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

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

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

Director: Frederick Brown

Address: 36181 East Lake Road, Suite 400, Palm Harbor, Florida 34685

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

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

**B. OFFICERS**

President: Richard Bradley

Address: 1158 Kingsway Lane, Tarpon Springs, Florida 34688

Vice President: Fred Brown

Address: 3366 Hickorywood Way, Tarpon Springs, Florida 34688

Secretary: Richard Bradley

Address: 1158 Kingsway Lane, Tarpon Springs, Florida 34688

Treasurer: Fred Brown

Address: 3366 Hickorywood Way, Tarpon Springs, Florida 34688

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

13. Richard Bradley 6/27/12  
(Signature of Director or Officer listed in number 12 of the application)

14. Richard Bradley, President  
(Typed or printed name and capacity of person signing application)

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# Delaware

*The First State*

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NOUVEAU 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. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

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



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 9662948

DATE: 06-22-12