

Division of Corporations

Page 1 of 1

F12000003798

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations
Fax Number : (850) 617-6380

RE-SUBMIT

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

Please retain original filing
date of submission 2/24

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED

15 FEB 27 AM 11:04

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
ROCHE INSULIN DELIVERY SYSTEMS INC.**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$35.00

15 FEB 24 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

Electronic Filing Menu

Corporate Filing Menu

Help

MAR 02 2015
J. LEZIEUX
KOK

COVER LETTER

**TO: Amendment Section
Division of Corporations**

SUBJECT: Roche Insulin Delivery Systems Inc.
Name of Corporation

DOCUMENT NUMBER: F12000003798

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

April Jackson
Name of Contact Person

Roche Diagnostics Corporation
Firm/Company

915 Hague Road
Address

Indianapolis IN 46236
City/State and Zip Code


april.jackson@roche.com
E-mail address: (to be used for future annual report notification)


For further information concerning this matter, please call:


_____ at (_____) _____
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35.00 Filing Fee

 **\$43.75 Filing Fee & Certificate of Status**

 \$43.75 Filing Fee & Certified Copy
(Additional copy is enclosed)

 \$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F12000003798

(Document number of corporation (if known))

1. ROCHE INSULIN DELIVERY SYSTEMS INC.
(Name of corporation as it appears on the records of the Department of State)
2. Minnesota 3. 9/17/2012
(Incorporated under laws of) (Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? Jan. 1, 2013
5. ROCHE HEALTH SOLUTIONS INC.
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

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

6. If the amendment changes the period of duration, indicate new period of duration.
- _____
- (New duration)
7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.
- _____
- (New jurisdiction)

8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Steve A. Oldham
(Typed or printed name of person signing)

Assistant Secretary
(Title of person signing)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 FEB 27 PM 1:18

APPROVED
AND
FILED

7A-809

DC-Bus.Name



Office of the Minnesota Secretary of State
Minnesota Business & Nonprofit Corporations
Amendment to Articles of Incorporation
Minnesota Statutes, Chapter 302A or 317A



Read the instructions before completing this form.

Filing Fee: \$55 for expedited service in-person and online filings, \$35 for mail

1. Corporate Name: (Required)

Roche Insulin Delivery Systems Inc.

List the name of the company prior to any desired name change

2. This amendment is effective on the day it is filed with the Secretary of State, unless you indicate another date, no later than 30 days after filing with the Secretary of State.

01/01/2013

Format: (mm/dd/yyyy)

3. The following amendment(s) to articles regulating the above corporation were adopted. (Insert full text of newly amended article(s) indicating which article(s) is (are) being amended or added.) If the full text of the amendment will not fit in the space provided, attach additional pages.

ARTICLE 1

The Name of Corporation is: Roche Health Solutions Inc. ✓

4. This amendment has been approved pursuant to Minnesota Statutes, Chapter 302A or 317A.

5. I, the undersigned, certify that I am signing this document as the person whose signature is required, or as agent of the person(s) whose signature would be required, who has authorized me to sign this document on his/her behalf, or in both capacities. I further certify that I have completed all required fields, and that the information in this document is true and correct and in compliance with the applicable chapter of Minnesota Statutes. I understand that by signing this document I am subject to the penalties of perjury as set forth in Section 609.48 as if I had signed this document under oath.

John A. O'Brien Asst. Secretary
 Signature of Authorized Person or Authorized Agent

12/3/2012
 Date

Email Address for Official Notices

Enter an email address to which the Secretary of State can forward official notices required by law and other notices:

julia.ditta@roche.com

☐ Check here to have your email address excluded from requests for bulk data, to the extent allowed by Minnesota law.

List a name and daytime phone number of a person who can be contacted about this form:

Contact Name

Phone Number

Entities that own, lease, or have any financial interest in agricultural land or land capable of being farmed must register with the MN Dept. of Agriculture's Corporate Farm Program.

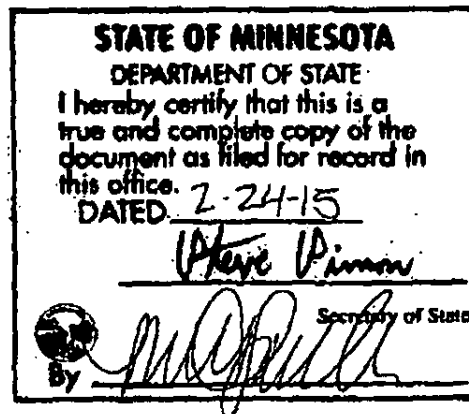
Does this entity own, lease, or have any financial interest in agricultural land or land capable of being farmed?

Yes ☐ No ☒

STATE OF MINNESOTA
 DEPARTMENT OF STATE
 FILED

DEC 04 2012

John A. O'Brien
 Secretary of State

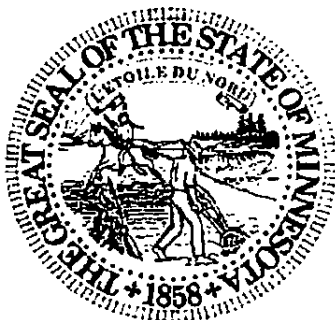


**Office of the Minnesota Secretary of State
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	Roche Health Solutions Inc.
Date Filed:	05/14/1991
File Number:	7A-809
Minnesota Statutes, Chapter:	302A
Home Jurisdiction:	Minnesota

This certificate has been issued on: 02/20/2015



Steve Simon
Steve Simon
Secretary of State
State of Minnesota