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Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE



COVER LETTER

то:	New Filing Sect Division of Cor			
SUBJI	ест: <u>Ur</u>	Othera pres Name of corpora	Tnc ation - must include suffix	
Dear Si	r or Madam:			
"Certifi	cate of Existence		for Authorization to Transact Standing" and check are subm siness in Florida.	
Please r	eturn all corresp	ondence concerning this ma	atter to the following:	
	Daniel	Conley	e of Person	
<u></u>	UROthe	erapies Firm/0	Company	
	870 111	in Ave No.	eth Suite	8
	Naple	S Florid City/Sta	A 34108	
	KAthy	Conley O	A 34108 Ite and Zip code Vorthern lith sed for future annual report no	n. Com
For furt	her information o	concerning this matter, plea	se call:	
Dar	Name of Person	nley at (23)	rea Code & Daytime Telephor	846 ne Number
	STREET/COUR New Filing Section Division of Corp Clifton Building 2661 Executive Courter Tallahassee, FL	orations Center Circle	MAILING AD New Filing Sect Division of Cor P.O. Box 6327 Tallahassee, FL	tion porations
Enclose	d is a check for the	ne following amount:		
□ ^{\$70}	0.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy



RECEIVED
12-OCT 18 AM 9: 45

SECRETARIO DE GLAVE TALLAMARSEE FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

October 9, 2012

DANIEL CONLEY 870 111TH AVE N STUIE 8 NAPLES, FL 34108

SUBJECT: UROTHERAPIES INC. Ref. Number: W12000051779

We have received your document for UROTHERAPIES INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

A corporation may not serve as its own registered agent. Please designate an individual or another active entity filed or registered with this office, having a Florida street address.

Please return 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) 245-6052.

Jessica A Fason Regulatory Specialist II

Letter Number: 712A00024956

www.sunbiz.org

Division of Companytions D.O. DOV 6207 Tollahoggas Florida 20214



Friday December 7, 2012

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Via: Federal Express

RE: Certificate of Good Standing

Dear Jessica,

Please find enclosed the certificate of good standing with the State of New York for UroTherapies, Inc.

Please contact our office should you require anything further on this account/matter.

Thank you again for all your help to date.

Sincerely,

Veronica J. Hepp Office Manager for

Veron (Hopp

UroTherapies, Inc.

Southern Litho, LLC

Southern Litho II, LLC

Cc: enclosures

→ APPLICATION BY FOREIGN CORPORA™ON 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.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. New York (State or country under the law of which it is incorporated) 4. Mov. 1998 (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. Hore for Roll wexford Pa. 15090 (Principal office address) (Principal office address) (Current mailing address)
4. Mov. 1998 (Date of incorporation) 6. May 1 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. HOT PINKERTON Relationship (Date of incorporation) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
4. Mov. 1998 (Date of incorporation) 6. May 1 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. HOT PINKERTON Relationship (Date of incorporation) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 407 Pin Kerton Roll (1) exfract Pa. 150.90
7. 407 Pinkerton Kd. Wexford PA. 15090 (Principal office address) Suite 8 North Florita Nanks F). 34108
(Current mailing address)
8. Medical Services (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) Name: <u>Urotnerapies Inc.</u> Office Address: <u>670 III in Ave North Svite</u> 8 9486 Gulf Shore Dr.
Naples , Florida 34108
(City) (Zip code) (Zip code)

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: A. DIRECTORS ore Drive Florida Address: Director: Address: **B. OFFICERS** Vice President: KAthleen #202 Conley Secretary: <u>Sean</u> Address: Convor Dr. Naples Florida 34108 Address: **NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. (Typed or printed name and capacity of person signing application)

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of UROTHERAPIES, INC. was filed on 12/13/1999, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



12 DEC 10 AM 10: 02
SECRETARY OF STATE
TALLAHASSEE FIGURE.

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 29th day of November two thousand and twelve.

First Deputy Secretary of State