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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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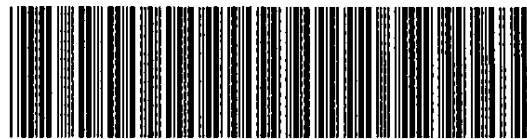
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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PC 1/3/13

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Innovative Therapies, 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:

Stanford Gann, Sr.

Name of Person

Levin & Gann, P.A.

Firm/Company

Nottingham Centre, 8th Floor, 502 Washington Avenue

Address

Towson, MD 21204

City/State and Zip code

rvogel@itimedical.com

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

For further information concerning this matter, please call:

Stanford Gann, Sr. at (410) 321-4644

Name of Person

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. **Innovative Therapies, Inc.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

ITI Medical Company

(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. **20-5236175**

(FEI number, if applicable)

4. **July 13, 2006**

(Date of incorporation)

5. **Perpetual**

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

6. **N/A**

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

7. **12 Meem Avenue, Suite C, Gaithersburg, MD 20877**

(Principal office address)

12 Meem Avenue, Suite C, Gaithersburg, MD 20877

(Current mailing address)

8. **Commercialization 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:

Richard Vogel

Office Address:

101 S. Fort Lauderdale Beach Blvd, #2104

Fort Lauderdale

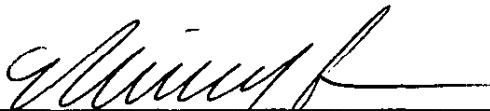
(City)

, Florida **33316**

(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: Bruce F. Wesson

Address: 12 Meem Avenue, Suite C
Gaithersburg, MD 20877

Vice Chairman: _____

Address: _____

Director: David M. Tumey

Address: 12 Meem Avenue, Suite C
Gaithersburg, MD 20877

Director: Richard Vogel

Address: 12 Meem Avenue, Suite C
Gaithersburg, MD 20877

B. OFFICERS

President: Richard Vogel

Address: 12 Meem Avenue, Suite C
Gaithersburg, MD 20877

Vice President: David M. Tumey

Address: 12 Meem Avenue, Suite C
Gaithersburg, Maryland 20877

Secretary: Richard Vogel

Address: 12 Meem Avenue, Suite C, Gaithersburg, MD 20877

Treasurer: Richard Vogel

Address: 12 Meem Avenue, Suite C, Gaithersburg, MD 20877

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. Richard Vogel, President

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

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Delaware

The First State

PAGE 1

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SECRETARY OF STATE
DIVISION OF REGISTRATIONS
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "INNOVATIVE THERAPIES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE THIRTEENTH DAY OF JULY, A.D. 2006, AT 3:37 O'CLOCK P.M.

RESTATED CERTIFICATE, FILED THE TWELFTH DAY OF SEPTEMBER, A.D. 2008, AT 4:33 O'CLOCK P.M.

RESTATED CERTIFICATE, FILED THE FIFTH DAY OF AUGUST, A.D. 2011, AT 5:43 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID CORPORATION, "INNOVATIVE THERAPIES, INC.".

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



4189870 8310

121388447

You may verify this certificate online
at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0099295

DATE: 12-26-12