(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone #	)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)	)
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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of 5/12/14

### FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

05-08-14

NAME:

PROVIDENCE MEDICAL TECHNOLOGY, INC.

TYPE OF FILING: FOREIGN CORPORATION

COST:

70.00

RETURN: PLAIN COPY

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

#### COVER LETTER

то:	New Filing Section Division of Corpo							
SUR	ЛЕСТ:	Providence	Medical 1	Technology, Inc	· i.			
	DC1	Name of corporat						
Dear S	Sir or Madam:					•		•
"Certi	ficate of Existence,'	n by Foreign Corporation to 'or "Certificate of Good Scorporation to transact bus	tanding" a	id check are subm	Business in itted to regis	Florida," ster the		
Please	return all correspor	ndence concerning this ma	tter to the f	ollowing:				
		Eva	n Ng					
		Name	of Person				_	
		Dorsey & \	Whitney I	_LP				
		Firm/C	ompany					
		305 Lytto	n Aveni	ıe	·•···		- <u>-</u>	
			ldress					
	Pa	lo Alto		CA ·	94301	<del></del>		
		•	e and Zip o					
	<u> </u>	ng.evan@ -E-mail address: (to be use	dorsey.c	com	tification)			
For fu	rther information co	encerning this matter, please		·	unozuony	,		
	Evan Ng	at ( 65	0 )	565-225	52	32 32	7	
,	Name of Person		ea Code &	Daytime Telephor	ne Number	CRETAR)	MAY-8 AM	===
	STREET/COUR New Filing Section Division of Corpor Clifton Building 2661 Executive C Tallahassee, FL 3	n rations enter Circle		MAILING AD New Filing Sect Division of Cor P.O. Box 6327 Tallahassee, FL	tion porations	Y OF STATE: EE, FLORIDA	AM 8: 28	TILED
Enclos	sed is a check for the	s following amount:						
\$	70.00 Filing Fee	\$78.75 Filing Pec & Certificate of Status		Filing Fee & led Copy	Certific	Filing Fe ate of Sta d 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.		Providen	ce Medical Lecr	inology, inc.				
	(Enter name of co	orporation; must include "INCOR orp," "Inc," "Co," or "Corp.")	PORATED," "CO	MPANY," "CORPO	RATION,"		<del>_</del>	
	(If name unavaila	ble in Florida, enter alternate cor	porate name adopt	ed for the purpose of tr	ansacting but	inėss in Flori	da)	
2.		· California	3,	20-84	458569			
	(State or country )	under the law of which it is incorp	porated)	(PEI number	, if applicabl	c)	•	•
4,		01/31/2007	5		petual			
	(Date	of incorporation)	(Dur	ation: Year corp. will	cease to exist	or "perpetua	l")	
6.			05/01/2014					
	,	(Date first transacte (SEE SECTIONS 607.15		da, if prior to registrati S., to determine penalt				
7.	36	50 Mt. Diablo Bivd., Suite 10		Lafayette	CA	94549		
		· (Princip	al office address)	,				
	36!	30 Mt. Diablo Blvd., Suite 10		Lafayette	CA	94549	<del></del>	
		•	mailing address)					
	Commercializ	ed Medical Devices	•					
8,		of corporation authorized in hon			471 (1)	<u></u>		
	(Purpose(s)	of corporation authorized in hon	ne state or country	to be carried out in stai	te of Florida)	ZSS	<del></del>	
9.	Name and stree	t address of Florida registered		NOT acceptable)		LLA.	Y MAY	
	Name:	National Corporate Rese	arch, Ltd., Inc.	•		IAS IAS	8- 1	1
0	ffice Address:	155 Office Plaza	Drive			SEE SY (		LED
		Tallahaccas	•	Florida 32301		子の	至	D
		(City)		, Florida 32301 (Zip code	)	SA	ά	
	•	,		` •		ã∺	29	
10	). Registered ag	ent's acceptance:				م بسطر د د د د د د د د د د د د د د		
H	aving been name	ed as registered agent and to a application, I hereby accept to	iccept service of ,	process for the above is registered agent as	e statea cor <sub>i</sub> n <i>d noree to</i>	ooration at t act in this ci	ne pu zpach	ice tv. I
fu	rther agree to co	emply with the provisions of a	li statutes relâtiv	e to the proper and o	omplete per	formance o	f my e	duties
ar	id I am famillar	with and accept the obligation	Ts of my position	as registered agent.				
		1 -			,			
		-ffaill il	ide /	Hat To	Me astro	1		,
	7	Jack Old		Mar. El	VICUY			
		Registered agent	's signiture)					
11 th	. Attached is a c e Department of	ertificate of existence duly au State, by the Secretary of State	thenticated, not n e or other official	nore than 90 days pri having custody of c	or to deliver orporate rec	ry of this app ords in the ju	licati ırisdic	on to etion

under the law of which it is incorporated.

#### FILED

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

A. DIRECTORS		•	14 1	UNI -8 WW 8:5				
Chairman:		Arthur T. Taylor	SEC	RETARY OF STATI				
Address:	3650 Mt. Diablo Blv	d., Suite 104, Lafayette, CA	1 34349	AHASSEE, FLORIC				
Vice Chairman:								
·								
	J	effrey D. Smith						
Address:	3650 Mt. Diablo Blvd., Suite 104							
	Lafayette		CA	94549				
Director:	. Bruce	M. McCormack, MD						
Address:	3650 Mt.	Diablo Blvd., Sulte 104						
	Lafayette		CA	94549				
B. OFFICERS								
President:	1.	Jeffrey D. Smith						
Address:	3650 Mt.	Diablo Blvd., Suite 104	<u></u>					
	Lafayette		CA	94549				
Vice President:								
•				<del></del>				
		Evan Ng						
Address:	305 Lytton Avenue	Palo Alto	CA	94301				
Treasurer:								
Address:				The second section of the sect				
NOTE: If necessary,	you may attach an addendum to the	application listing additional	officers and/	or directors.				
13	, , , , , , , , , , , , , , , , , , ,							
The officer or director are true and that he or	Signature of D r signing this document (and who is I she is aware that false information s provided for in s.817.155, F.S.							
14	Evan Ng		Secre	otary				
	(Typed or printed name and capac	city of person signing applica	tion)	<del></del>				

# State of California Secretary of State

CERTIFICATE OF STATUS

FILED

14 MAY -8 AM 8: 29

SECRETARY OF STATE:
TALLAHASSEE, FLORIDA

ENTITY NAME:

PROVIDENCE MEDICAL TECHNOLOGY, INC.

FILE NUMBER:

C2966926

FORMATION DATE:

01/31/2007

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of May 07, 2014.

DEBRA BOWEN
Secretary of State