

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.**

((H15000258056 3)))



H150002580563ABC%

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:  
Division of Corporations  
Fax Number : (850) 617-6383

From:  
Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 205-8842  
Fax Number : (850) 878-5368

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

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

FILED  
15 OCT 28 10 13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FOREIGN PROFIT/NONPROFIT CORPORATION**

**Grifols Diagnostic Solutions Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

OCT 29 2015

Electronic Filing Menu

Corporate Filing Menu

S. YOUNG  
Help

### COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Grifols Diagnostic Solutions 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:

John Nader, Corporate Counsel

Name of Person
Grifols Shared Services North America, Inc.
Firm/Company
2410 Lillyvale Avenue
Address
Los Angeles, California 90032
City/State and Zip code
john.nader@grifols.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person	Area Code	Daytime Telephone Number
John Nader	323	441-7823

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2561 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration 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. Grifols Diagnostic Solutions Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Delaware 3. 46-4067650  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 10/14/2013 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. upon filing  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 4560 Horton Street, Emeryville, California 94608  
(Principal office address)  
4560 Horton Street, Emeryville, California 94608  
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: CT Corporation System
- Office Address: 1200 South Pine Island Road  
Plantation, Florida 33324  
(City) (Zip code)

**9. 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)  
Juli de la Rosa-Perla, Assistant Secretary

10. 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.

FILED  
15 OCT 28 AM 10:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: David I. Bell

Address: 2410 Lillyvale Avenue, Los Angeles, California 90032

Vice Chairman: N/A

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

Director: Tomas Daga

Address: Avenida Diagonal, 477 Torre de Barcelona, Planta 20, 08036 Barcelona, Spain

Director: Carlos Roura

Address: Joan Av. de la Generalitat, 152, 08174 San Cugat del Valles, Spain

**B. OFFICERS**

President: Carsten Schroeder

Address: 4560 Horton Street, Emeryville, California 94608

Vice President: David I. Bell

Address: 2410 Lillyvale Avenue, Los Angeles, California 90032

Secretary: Raimon Grifols

Address: Avenida Diagonal, 477 Torre de Barcelona, Planta 20, 08036 Barcelona, Spain

Treasurer: \_\_\_\_\_

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

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

12. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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, P.S.

13. David C. Pierce, Assistant Secretary

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

FILED  
15 OCT 28 AM 10:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Addendum**

**Grifols Diagnostic Solutions Inc.**

**Additional Director:**

**Raimon Grifols - Director**

**Avenida Diagonal, 477**

**Torre de Barcelona**

**Planta 20**

**08036 Barcelona, Spain**

**Additional Officers:**

**Marco Tamagno - Vice President, Head of Finance**

**4560 Horton Street**

**Emeryville, California 94608**

**David C. Pierce - Assistant Secretary**

**2410 Lillyvale Avenue**

**Los Angeles, California 90032**

FILED  
15 OCT 28 AM 10:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GRIFOLS DIAGNOSTIC SOLUTIONS 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-EIGHTH DAY OF OCTOBER, A.D. 2015.

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.

FILED  
15 OCT 28 AM 10:13  
SECRETARY OF STATE  
ALAN HASSE, FLORIDA



5414711 8300

SR# 20150678765

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

  
Jeffrey W. Bullock, Secretary of State

Authentication: 10315721

Date: 10-28-15