

FILE000002379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

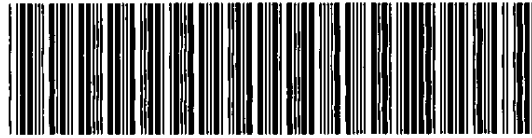
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 MAY 24 A 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

DEPARTMENT OF STATE
DIVISION OF CORPORATE FILINGS

16 MAY 24 PM 4:23

NOTICE OF
15 ACHIEVEMENT
SUFFICIENCY OF FILING

MAY 25 2013
J. BRUCE

**PLEASE FILE FIRST. **
THANK you!

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 153475 4311639

AUTHORIZATION :

COST LIMIT : \$ 78.75

[Signature]

ORDER DATE : May 24, 2016

ORDER TIME : 3:14 PM

ORDER NO. : 153475-010

CUSTOMER NO: 4311639

FOREIGN FILINGS

NAME: TIGER X MEDICAL, INC.

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2018 MAY 24 A 9 54
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TALLAHASSEE, FLORIDA

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER: _____

**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. TIGER X MEDICAL, INC.

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

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

2. Delaware 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. January 12, 1994 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 4400 Biscayne Boulevard, 15th Floor, Miami, Florida 33137
(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

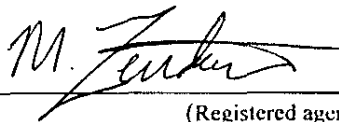
Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(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)

Melissa Zender
Asst. Vice President

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.

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TALLAHASSEE, FLORIDA

11. Names and business addresses of officers and/or directors: Please see attached rider.

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Steven D. Rubin

Director: _____

4400 Biscayne Boulevard, 15th Floor, Miami, Florida 33137

Address: _____

Subharao Uppaluri, Ph.D.

Director: _____

4400 Biscayne Boulevard, 15th Floor, Miami, Florida 33137

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

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, F.S.

Steven D. Rubin, Director

13. _____

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

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TALLAHASSEE, FLORIDA

RIDER TO APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
TO TRANSACT BUSINESS IN FLORIDA FOR
TIGER X MEDICAL, INC.

11. Names and addresses of Directors and Officers:

Stephen Liu, M.D. Director
4400 Biscayne Boulevard, 15th Floor
Miami, Florida 33137

Steven D. Rubin Interim Chief Executive Officer and
4400 Biscayne Boulevard, 15th Floor Interim Chief Financial Officer
Miami, Florida 33137

Joshua Weingard Chief Legal Officer
4400 Biscayne Boulevard, 15th Floor
Miami, Florida 33137

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TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TIGER X MEDICAL, 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-FOURTH DAY OF MAY, A.D. 2016.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TIGER X MEDICAL, INC." WAS INCORPORATED ON THE TWELFTH DAY OF JANUARY, A.D. 1994.

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




Jeffrey W. Bullock, Secretary of State

2367783 8300

SR# 20163660092

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

Authentication: 202373915

Date: 05-24-16