

F20000001572

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

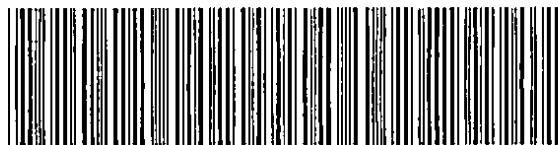
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 MAR 26 AM 12:54 2020 MAR 26 PM 2:03

RECEIVED
TALLAHASSEE, FLORIDA

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3/2

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

ACCOUNT NO. : I20000000195
REFERENCE : 241142 8110793
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 78.75

ORDER DATE : March 25, 2020

ORDER TIME : 1:23 PM

ORDER NO. : 241142-005

CUSTOMER NO: 8110793

FOREIGN FILINGS

NAME: NEOMED, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER: _____

2020 MAR 26 AM 12:54

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NeoMed, 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:

Reshma Patel

Name of Person

Avanos Medical, Inc.

Firm/Company

5405 Windward Pkwy

Address

Alpharetta, GA 30004

City/State and Zip code

Reshma.patel@avanos.com

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

For further information concerning this matter, please call:

Reshma Patel

at (470) 448-5932

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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

2020 MAR 26 PM 12:54

**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. NeoMed, 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. Georgia 3. 20-8271742
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1/12/2007 5. _____
(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. 5405 Windward Pkwy, Alpharetta, GA 30004
(Principal office street 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, FL, 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)

Sandra Younker
Assistant Vice President

2020
MAY 12: 54

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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]

A. DIRECTORS

☐ Chairman Name: John W. Wesley
☐ Vice Chairman Address: 5405 Windward Pkwy
☒ Director Alpharetta, GA 30004
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Director, SVP & Assistant Secretary ☐ Other _____

☐ Chairman Name: Warren J. Machan
☐ Vice Chairman Address: 5405 Windward Pkwy
☒ Director Alpharetta, GA 30004
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Director & SVP ☐ Other _____

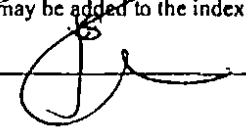
☐ Chairman Name: David E. Ball
☐ Vice Chairman Address: 5405 Windward Pkwy
☒ Director Alpharetta, GA 30004
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Director & SVP ☐ Other _____

☐ Chairman Name: Michael Greiner
☐ Vice Chairman Address: 5405 Windward Pkwy
☐ Director Alpharetta, GA 30004
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other VP & CFO ☐ Other _____

☐ Chairman Name: Arjun R. Sarker
☐ Vice Chairman Address: 5405 Windward Pkwy
☐ Director Alpharetta, GA 30004
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other SVP ☐ Other _____

☐ Chairman Name: S. Ross Mansbach
☐ Vice Chairman Address: 5405 Windward Pkwy
☐ Director Alpharetta, GA 30004
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other VP & Secretary ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

13. S. Ross Mansbach
(Typed or printed name and capacity of person signing application)

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NEOMED, INC. – APPOINTMENTS (Continued)

APPOINTMENT TYPE	NAME	ADDRESS
Vice President and Treasurer	Crawford, David F.	5405 Windward Pkwy Alpharetta, GA 30004
Assistant Treasurer	Baer, Christine D.	5405 Windward Pkwy Alpharetta, GA 30004
Assistant Treasurer	Ruban, Maksim I.	5405 Windward Pkwy Alpharetta, GA 30004
Assistant Treasurer	Negro, Renato	5405 Windward Pkwy Alpharetta, GA 30004
Assistant Treasurer	Pickett, Jason M.	5405 Windward Pkwy Alpharetta, GA 30004

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STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

NEOMED, INC.

a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number 18747215
Date Inc/Auth/Filed 01/12/2007
Jurisdiction Georgia
Print Date 03/11/2020
Form Number 211

26 AM 12:54



Brad Raffensperger

Brad Raffensperger
Secretary of State