

5/20/2021

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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

From:
 Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (614)280-3338
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SECRETARY OF STATE

FOREIGN PROFIT/NONPROFIT CORPORATION

BioTrace Medical, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

2021 MAY 20 PM 12:45

SECRETARY OF STATE

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Corporate Filing Menu

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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. BioTrace 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. 46-3689751
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 13 Sep 2013 5.
(Date of incorporation) (Date of duration, if other than perpetual)

6. 10 May 2021
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3925 Bohannon Drive, Suite 200, Menlo Park, CA 94025
(Principal office street address)

(Current mailing address, if different)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

2021 MAY 20 PM 12:45
FILED

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.

Meredith Hellwig

Meredith Hellwig, Assistant Secretary

(Registered agent's signature)

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: Sharon Stevenson, DVM, PhD
3925 Bohannon Dr., Ste. 200,
 Vice Chairman Address: Menlo Park, CA 94025
 Director _____
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

Chairman Name: Drew Hoffmann
3925 Bohannon Dr., Ste. 200,
 Vice Chairman Address: Menlo Park, CA 94025
 Director _____
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

Chairman Name: Bob Brownell
3925 Bohannon Dr., Ste. 200,
 Vice Chairman Address: Menlo Park, CA 94025
 Director _____
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

Chairman Name: Shilen Patel
3925 Bohannon Dr., Ste. 200,
 Vice Chairman Address: Menlo Park, CA 94025
 Director _____
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

Chairman Name: Ron Mizrahi, DDS
3925 Bohannon Dr., Ste. 200,
 Vice Chairman Address: Menlo Park, Ca 94025
 Director _____
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

Chairman Name: Aravind Swaminathan, MD
3925 Bohannon Dr., Ste. 200,
 Vice Chairman Address: Menlo Park, CA 94025
 Director _____
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ 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. DocuSigned by
Laura N. Dietch
4215C1073E2210C _____
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. Laura N. Dietch, President and CEO
(Typed or printed name and capacity of person signing application)

Attachment for 11A:

Name: Laura N. Dietch, Director, President and CEO

Address: 3925 Bohannon Drive, Suite 200, Menlo Park, CA 94025

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BIOTRACE 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 THIRTIETH DAY OF APRIL, A.D. 2021.



Jeffrey W. Bullock
 Jeffrey W. Bullock, Secretary of State

5399056 8300

SR# 20211368510

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

Authentication: 203101664

Date: 04-30-21