

F220000 04534

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

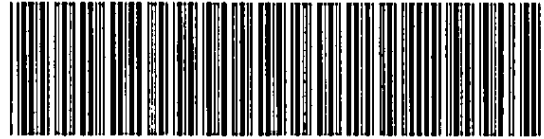
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2022 JUL 15 PM 4:44

S. FRANKLIN
JUL 20 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SetPoint Medical Corporation
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:

<u>Kelly Jones</u>	_____ Name of Person	
<u>SetPoint Medical Corporation</u>	_____ Firm/Company	
<u>25101 Rye Canyon Loop</u>	_____ Address	
<u>Valencia, CA 91355</u>	_____ City/State and Zip code	
<u>kjones@setpointmedical.com</u>	_____ E-mail address: (to be used for future annual report notification)	

2022 JUN 16 PM 4:44

For further information concerning this matter, please call:

<u>Kelly Jones</u>	at (<u>661</u>) <u>992-9024</u>	
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**

<input checked="" type="checkbox"/> \$70.00 Filing Fee	<input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certificate of Status & Certified Copy
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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. SetPoint Medical Corporation

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

SetPoint Medical Corporation FL

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

2. Delaware

(State or country under the law of which it is incorporated)

3. 20-4513487

(FEI number, if applicable)

4. 3-10-2006

(Date of incorporation)

5. _____

(Date of duration, if other than perpetual)

6. 6/7/2021

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

7. 25101 Rye Canyon Loop, Valencia, CA 91355

(Principal office street address)

(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 S Pine Island Rd #250

Plantation

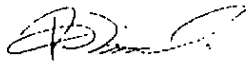
(City)

Florida 33324

(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.



- Peter Trawinski, 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]:

2022 JUL 16 PM 4:14

A. DIRECTORS

☐ Chairman Name: Murthy Simhambhatla
☐ Vice Chairman Address: _____
☐ Director 25101 Rye Canyon Loop
☒ President Valencia, CA 91355
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Hank Plain
☐ Vice Chairman Address: Morgenthaler
☒ Director 2884 Sand Hill Road, Ste 121
☐ President Menlo Park, CA 94025
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: David Chernoff
☐ Vice Chairman Address: _____
☐ Director 25101 Rye Canyon Loop
☐ President Valencia, CA 91355
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other CMO ☐ Other _____

☒ Chairman Name: Allan Will
☐ Vice Chairman Address: _____
☒ Director 101 Station One
☐ President Corolla, NC 27927
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Josh Makower
☐ Vice Chairman Address: NEA
☒ Director 2855 Sand Hill Road
☐ President Menlo Park, CA 94025
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Juan-Pablo Mas
☐ Vice Chairman Address: Action Potential Venture Cap
☒ Director 354 University Ave
☐ President Palo Alto, CA 94301
☐ 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. [Signature]
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. Murthy Simhambhatla, President & CEO
(Typed or printed name and capacity of person signing application)

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SETPOINT MEDICAL CORPORATION" 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 ELEVENTH DAY OF MAY, A.D. 2022.

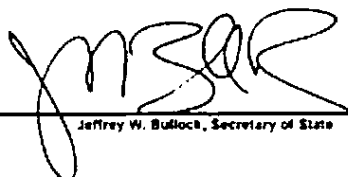
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SETPOINT MEDICAL CORPORATION" WAS INCORPORATED ON THE TENTH DAY OF MARCH, A.D. 2006.

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

2022
MAY 11 4:14 PM




Jeffrey W. Bullock, Secretary of State

4116391 8300

SR# 20221905260

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

Authentication: 203397954

Date: 05-11-22



FLORIDA DEPARTMENT OF STATE
Division of Corporations

EMAILED

~~AF~~ Kelly

6/28/22

5 pages

June 18, 2022

KELLY JONES
25101 RYE CANYON LOOP
VALENCIA, CA 91355 US

SUBJECT: SETPOINT MEDICAL CORPORATION
Ref. Number: W22000083033

We have received your document for SETPOINT MEDICAL CORPORATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$150.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 022A00013740