

5/4/23, 3:27 PM

Division of Corporations

F2300002657

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H23000167844 3)))



H230001678443ABC2

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To:

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

From:

Account Name : FOLEY & LARDNER
Account Number : I19980000047
Phone : (407)423-7656
Fax Number : (407)648-1743

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

Email Address: arecchio@foley.com

FOREIGN PROFIT/NONPROFIT CORPORATION**Morphogenesis, Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

2023 MAY -4 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

CP

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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. Morphogenesis, Inc.
(Enter name of corporation, must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. Delaware 3. 59-3359711
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. April 27, 2023 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. upon qualification
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 10500 University Center Drive, Suite 100, Tampa, FL 33512
(Principal office street address)

(Current mailing address, if different)

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

Name: Dan Dearborn
Office Address: 10500 University Center Drive, Suite 100
Tampa, Florida 33512
(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.

DocuSigned by:
Dan Dearborn
D4C91773147645E... (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]

FILED
2023 MAY -4 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FL

A. DIRECTORS

☐ Chairman Name James Bianco, M.D.
☐ Vice Chairman Address: _____
☒ Director 10500 University Center Drive, Suite 100
☒ President Tampa, Florida 33612
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other CEO ☐ Other _____

☐ Chairman Name Dan Dearborn
☐ Vice Chairman Address: _____
☐ Director 10500 University Center Drive, Suite 100
☐ President Tampa, Florida 33612
☐ Vice President _____
☒ Secretary ☒ Treasurer
☒ Other CFO ☐ Other _____

☐ Chairman Name Kiran Patel, M.D.
☐ Vice Chairman Address: _____
☒ Director 10500 University Center Dr., Suite 100
☐ President Tampa, Florida 33612
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name Michael Lawman
☐ Vice Chairman Address: _____
☒ Director 10500 University Center Drive, Suite 100
☐ President Tampa, Florida 33612
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

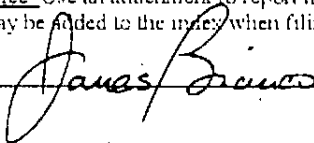
☐ Chairman Name Patricia Lawman
☐ Vice Chairman Address: _____
☒ Director 10500 University Center Dr., Suite 100
☐ President Tampa, Florida 33612
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name George Ng
☐ Vice Chairman Address: _____
☒ Director 10500 University Center Dr., Suite 100
☐ President Tampa, Florida 33612
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

SEE ATTACHMENT

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.

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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.

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James Bianco, M.D., Chief Executive Officer

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

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**ATTACHMENT TO
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

A. DIRECTORS

<input type="checkbox"/> Chairman	Name:	<u>Jim Manuso</u>
<input type="checkbox"/> Vice Chairman	Address:	<u>10500 University Center Drive, Suite 100</u>
<input checked="" type="checkbox"/> Director		<u>Tampa, Florida 33612</u>
<input type="checkbox"/> President		
<input type="checkbox"/> Vice President		
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	

<input type="checkbox"/> Chairman	Name:	<u>Alan List, M.D.</u>
<input type="checkbox"/> Vice Chairman	Address:	<u>10500 University Center Drive, Suite 100</u>
<input checked="" type="checkbox"/> Director		<u>Tampa, Florida 33612</u>
<input type="checkbox"/> President		
<input type="checkbox"/> Vice President		
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	

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MORPHOGENESIS, INC.
10500 University Center Drive
Suite 100
Tampa, Florida 33612

May 4, 2023

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

Re: Written Consent to Use of Name

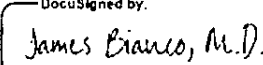
Dear Sir or Madam:

On April 27, 2023, Morphogenesis, Inc., a Florida corporation (the "**Domesticating Corporation**"), became Morphogenesis, Inc., a Delaware corporation (the "**Surviving Corporation**") by filing Articles of Domestication with the Florida Department of State, and a Certificate of Conversion and a Certificate of Incorporation with the Delaware Secretary of State. The Surviving Corporation desires to file an Application for Authorization to Transact Business in Florida (the "**Foreign Qualification Application**"), under the name Morphogenesis, Inc. (the "**Name**").

This letter serves as the written consent of the Domesticating Corporation for the Surviving Corporation to use the Name in its Foreign Qualification Application being filed in the State of Florida.

Respectfully yours,

MORPHOGENESIS, INC.

By: 
James Bianco, M.D.
President

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "MORPHOGENESIS, 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 APRIL, A.D.
2023.

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



7430040 8300

SR# 20231687624

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203235603

Date: 04-28-23