

F95000006287

Document Number Only

C T CORPORATION SYSTEM
Requestor's Name
660 East Jefferson Street
Address
Tallahassee, Florida 32301
City State Zip Phone
904-222-1092
CORPORATION(S) NAME

600001672866
-12/28/95--01048--010
***1270.00 ***1270.00

W95- 24890

Augustine Medical Incorporated

95 DEC 25 AM 11:55

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- ☒ Profit
☐ NonProfit
☐ Limited Liability Company
☒ Foreign
☐ Limited Partnership
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☐ Fictitious Name
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Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

3:00

12/26/95

PLEASE RETURN EXTRA COPY(S)
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95 DEC 27 11:11:56
FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

December 26, 1995

CT CORPORATION SYSTEM

SUBJECT: AUGUSTINE MEDICAL, INC.
Ref. Number: W95000024890

We have received your document for AUGUSTINE MEDICAL, INC. and your check(s) totaling \$2470.00. However, the document has not been filed and is being retained in this office for the following:

The penalty fee for transacting business without authority since 1994 is \$1200.00. Please submit a check for the proper amount, and do not forget to include the \$70.00 filing fee.

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report and penalty fees is \$1200.00.

If you have any questions concerning the filing of your document, please call (904) 487-6095.

Jennifer Sindt
Document Examiner

Letter Number: 295A00055276

WALK-IN 12/27
Pick-UP 3:00

Jennifer,
Please back date
to 12/26 & return
file stamped copy.

Thanks

95 DEC 26 AM 11:56
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DIVISION OF CORPORATIONS

**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. AUGUSTINE MEDICAL INC.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

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

3. 41-1599480
(FEI number, if applicable)

4. 7/14/87
(Date of Incorporation)

5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")

6. APRIL 1, 1994
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))

7. 10393 West 70th Street
EDEN PRAIRIE Minnesota 55349
(Current mailing address)

8. SALE OF CONVECTIVE WARMING DEVICES
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: CT Corporation Systems

Office Address: 1200 South Pine Island Road
Plantation, Florida, 33324
(Zip Code)

10. 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.

Luzer J. Wanner, Asst Secy
(Registered agent's signature)

11. 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.

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: see attached

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: SEE Attached

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.

13. [Signature] C.F.O.
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Timothy ADAMS Chief Financial Officer/Sec
(Typed or printed name and capacity of person signing application)

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DIVISION OF CORPORATIONS
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**AUGUSTINE MEDICAL, INC.
CORORATE OFFICERS**

Scott D. Augustine, M.D.
CEO and Chairman of the Board
9017 Cavell Circle
Bloomington, MN 55438
SS 474-68-4353

John E. Thomas
President and COO
9240 Overlook Trail
Eden Prairie, MN 55347
SS 504-52-5399

Timothy Adams
CFO and Suctetary
1810 West Farm Road
Long Lake, MN 55356
SS 468-44-2200

William C. Cocklin
Treasurer
4108 Poplar Bridge Road
Bloomington, MN 55437
SS 484-54-7223

Douglas Hall
Chief Sales Officer
8905 Hidden Oaks Drive
Eden Prairie, MN 55344
SS 266-92-6189

All officers reside in Hennepin County, and can be
reached during the day at (612) 941-8866.

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AUGUSTINE MEDICAL, INC.
BOARD OF DIRECTORS

Scott Augustine, M. D.
9017 Cavell Circle
Bloomington, MN. 55438

Orvin Carter, Ph.D.
1029 Third Avenue South
Stillwater, MN. 55082

John Herman
5050 Excelsior Blvd.
Suite 202
St. Louis Park MN. 55416

Jerry Johnson
4000 Key Largo Lane
Punta Gorda, Florida 33935

Arthur Kydd
10180 Viking Drive
Eden Prairie, MN. 55344

John E. Thomas
9240 Trail Overlook
Eden Prairie, MN. 55347

John E. Underwood
293 South Central Avenue
Ramsey, New Jersey 07446

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State of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

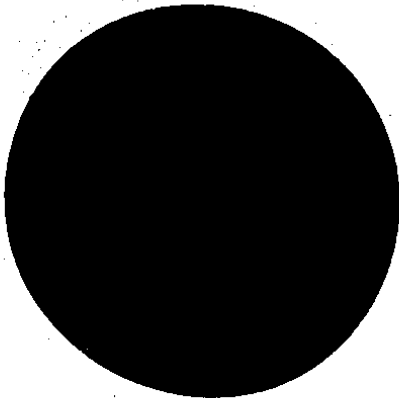
I, Joan Anderson Grove, Secretary of State of Minnesota, certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

Name: Augustine Medical, Inc.

Date Formed: 07/14/1987

Chapter Governed By: 302A

This certificate has been issued on 12/22/95.



Joan Anderson Grove
Secretary of State.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC 26 AM 11:55

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1996 NOV -8 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F95000006287**

1. Corporation Name

AUGUSTINE MEDICAL, INC.

Principal Place of Business

10000 WEST 70TH STREET
EDEN PRAIRIE MN 55344

Mailing Address

10000 WEST 70TH STREET
EDEN PRAIRIE MN 55344

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/28/1995

5. FEI Number

41-1500400

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
CEO	AUGUSTINE, SCOTT D	9017 CAVELL CIRCLE	BLOOMINGTON MN
PD	THOMAS, JOHN E	9240 OVERLOOK TRAIL	EDEN PRAIRIE MN
S	ADAMS, TIMOTHY	1810 WEST FARM ROAD	LONG LAKE MN
T	COCKLIN, WILLIAM C	4100 POPLAR BRIDGE ROAD	BLOOMINGTON MN
D	CARTER, ORVIN	1029 THIRD AVENUE SOUTH	STILLWATER MN
D	HERMAN, JOHN	5000 EXCELSIOR BLVD STE 200 3800 Park Nicollet Blvd	ST LOUIS PARK MN

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number if No Address)

Suite, Apt. #, Etc.

City

State

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Susan J. Wanner
REGISTERED AGENT MUST SIGN

Date **10-2-96**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Timothy Adams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Timothy Adams

9/30/96

Daytime Phone #