

1201 HAYS STREET  
ANNAPOLIS, MD 21403  
800-342-8006  
F96000004691



PROFESSIONAL  
FINANCIAL SERVICES

ACCOUNT NO. : 072100000032

REFERENCE : 081798 7115539

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : September 11, 1996

ORDER TIME : 11:24 AM

ORDER NO. : 081798

CUSTOMER NO: 7115539

CUSTOMER: Mr. Barry Desroches  
Medcorp International, L.l.c.  
P.O. Box 4667

300001949733  
-09/17/96--01155--020  
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Annapolis, MD 21403

FOREIGN FILINGS

NAME: CLINICAL PERFUSIONISTS, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Cindy Helentjaris

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 SEP 11 PM 3:25  
96 SEP 11 AM 11:50  
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

September 11, 1996

CSC NETWORKS  
CINDY HELENTJARIS  
TALLAHASSEE, FL 32301

Re: Document Number F93000001076

The Certificate of Withdrawal for CLINICAL PERFUSIONISTS, INC., a Maryland corporation authorized to transact business in Florida, was filed on September 11, 1996.

Should you have any questions regarding this matter, please telephone (904) 487-6050, the Amendment Filing Section.

Karen Gibson  
Corporate Specialist  
Division of Corporations

Letter Number: 096A00042323



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morthum  
Secretary of State

September 11, 1996

OSC NETWORKS

**RESUBMIT**

Please give original  
submission date as file date

SUBJECT: CLINICAL PERFUSIONISTS, INC.  
Ref. Number: W96000019089

We have received your document(s) in this office, however, the document is being returned for the following:

It appears the corporation is already filed as a corporation, please refer to the enclosed print-out.

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 (904) 487-6097.

Michael Mays  
Document Specialist

Letter Number: 896A00042269

**RESUBMIT**

Please give original  
submission date as file date

SEP 12 1996  
11:11 AM  
1996

**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. CLINICAL PERFUSIONISTS, 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. Maryland  
(State or country under the law of which it is incorporated)
3. 52-1047449  
(FEI number, if applicable)
4. December 9, 1975  
(Date of Incorporation)
5. Perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. January 1, 1978  
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 418 3rd St.  
Annapolis, MD 21403  
(Current mailing address)
8. To provide perfusion services to hospitals and related institutions  
(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:** The Prentice-Hall Corporation System, Inc.  
1201 Hays Street, Suite 105  
**Office Address:** Tallahassee, Florida, 32301  
(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.*

  
(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: George M. Hay

Address: 1 1/2 Eastern Avenue, Annapolis, MD 21403

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

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

President: George M. Hay

Address: 1 1/2 Eastern Avenue  
Annapolis, MD 21403

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

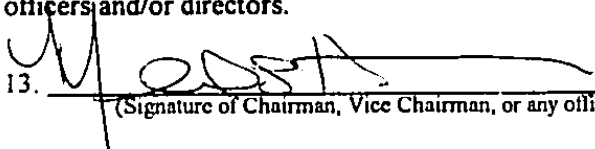
Secretary: Jessica Hay McCarthy

Address: 406 Adams Street, Annapolis, MD 21403

Treasurer: Michael S. Hay

Address: 948 Yachtsman Way , Annapolis, MD 21403

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Michael S. Hay, Treasurer  
(Typed or printed name and capacity of person signing application)

# STATE OF MARYLAND

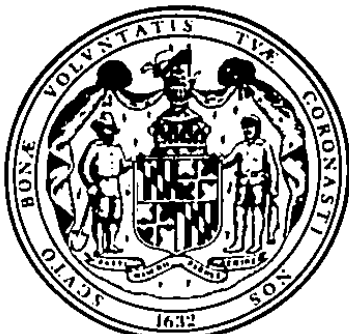
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## STATE DEPARTMENT OF ASSESSMENTS AND TAXATION

301 West Preston Street Baltimore, Maryland 21201

I, JACQUELINE C JAMES OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT SAID DEPARTMENT, BY THE LAWS OF SAID STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATE CHARTERS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE; AND I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT CLINICAL PERFUSIONISTS, INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND SAID CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN THE STATE OF MARYLAND.



IN WITNESS WHEREOF, I HAVE HEREUNTO SET  
MY HAND AND AFFIXED THE SEAL OF THE STATE  
DEPARTMENT OF ASSESSMENTS AND TAXATION OF  
MARYLAND AT BALTIMORE THIS 6TH DAY OF  
SEPTEMBER, 1996.

*Jacqueline C. James*  
JACQUELINE C JAMES  
OFFICE SUPERVISOR I