

(20) HAYS STREET TALLAHASSEE, FL 32301/2607

800-342-8086

904-222-9171 .

ACCOUNT NO.

072100000032

REFERENCE

189546

4351938

AUTHORIZATION

COST LIMIT : \$ PREPAID

ORDER DATE: December 16, 1996

ORDER TIME :

9:49 AM

ORDER NO. : 189546-005

CUSTOMER NO:

4351938

CUSTOMER: Mr. Jim Dair

Infimed, Inc.

121 Metropolitan Drive

Liverpool, NY 13088

FOREIGN FILINGS

NAME:

INFIMED, INC.

XXXX QUALIFICATION

(TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Juan E Jones

ETARY OF STATE DIVISION OF CORPORATION

90002035895--4 -12/23/96--01816--014 \*\*\*\*\*70.00 \*\*\*\*\*70.00

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607. ISO3. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. (Name of corporation; must include the word "INCORPORATED", "COM abbreviations of sike import in language as will clearly indicate that it is a	DATIVE PEODEONIATION OF WOOD OF
(Name of corporation; must include the word "INCOMPONATED", "om abbreviations or ske import in language as will clearly indicate that it is a or partnership if not so contained in the name at present.	corporation instead of a natural person
·	2932A13
2. NEW 10rtk 15tate or country under the law of which it is incorporated) 3. (FEI nur	pber, if applicable)
4. 9186 (Dete of Incorporation). 6. Detpetu	n/
(Date of Incorporation) (Duretion; Year corp	Will cease to exist or "perperch")
6. 11-4-96 4-4 2. (Date first transacted business in Florida. (See sections 607.1801, 607.	 
	COM, with O. A. Lond A. Lond
7. 121 Metropolitan DR	
LIVEN DOOL, NY 13088	
(Current malling address)	
8. Residence of travelling service (Purpose (a) of corporation authorized in home state or country to be c	technician
(Pulposota) of corporation authorized in home state or country to be o	
9. Name and street address of Florida registered agent:	יררץ פבטוי 1950
Namo: Corporation Service C	ompany. HASSE EC.2
Namo: Corporation Service C Office Address: 1201 Itays Street Tallahassee, FL	3 PH SEEJ
Tallahassee FL	Aoride, 3235/
•	(Zip Code)
10. Registered agent's acceptance:	<b>15</b>
United have named as registered agent and to accept service	e of process for the above stated
	redy accept the appointment as
registered agent and agree to act in this capacity. I further e of all statutes relative to the proper and complete performan	ce of my guties, and I am Tainillar
with and accept the obligations of my position as registered at	jent.
By: Casada antono (Registered agent's pignature)	to ast M.
(Registered agent's alginature)	0
11. Attached is a certificate of existence duly authenticated, delivery of this application to the Department of State, by	not more than 90 days prior to

official having custody of corporate records in the jurisdiction under the law of which it is

incorporated.

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12. Names	and addresses of	f officers	and/or direc	torn:					
	ECTORS				. 1				
	Chairman:	Harc	old Sh	oenfeld		<del></del>			
	Address:	1101	Linw	10001 S	14.601				
	· <b>(%</b>	Broc	K YN,	NA-	11203				
	Vice Chair	man:							
	Address:				_	<u></u>	ı		
							'		
	Director:	MOKK	nan S	noent	esci_	<u> </u>	•		
	Address:		LINW	good Si	real				
		Braz	RIAN	NY	120P	<del></del>			
	Director:						•		
	Address: "		4.						
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	President:	Mil	liam.	(1) - (1/1)	<u>reniva</u>	<del>Y</del>	- AAR	£C 23	winnes 0 D
	Address:		6 BOD		159		SEE	•	i cama
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	Vice Presi			<i>*</i> .	Kley		- Ri	<u>်</u> <u>ငံ</u>	ميسان
	Address:	107		1	13090	)	λ	•	
	•		<u>ierpool</u>	Slooper	2101		-		
	Secretary:		1	1000 S	traed				
	Address:	1101	UKIN K	NII	117082				
	_		UNIYU	<del>)119</del> -	,,,,,,,,				
	Treasurer								
	Address:						_		
	necessary, you m		on addendum	to the annii	ation listin	ıg additio	nal offic	ers and	or :
NOTE: If a	necessary, you m	ay much	all accernors	. to the appli		•			
//	n /								
	sure of Chairman, V					plication.)			
14	JIIIam ped or printed name	C. Gr	een wo	14 <u> </u>					
17. (i)	ped or printed name	and capacity	of person signil	ng application)					

csc.

## State of New York Department of State

I hereby certify, that the certificate of incorporation of INFIMED, INC. was filed on 09/28/1988, under the name of 8 & 8 INFICON, INC., with perpetual duration, and that a diligent examination has been made of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

A Cortificate of Amendment  $B \in B$  INFICON, INC., changing name to INFIMED, INC., was filed 11/13/1992.

Witness my hand and the official seal

of the Department of State at the City
of Albany, this 03rd day of December 19
one thousand nine hundred and 19
ninety-six 19
Special Deputy Secretary of State

199612040121 53