

1201 HAYS STREET
TALLAHASSEE, FL 32301-3607
904-222-0071
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800-342-8086



net101
PROFESSIONAL
LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000032

REFERENCE : 203575 4/30540

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : December 27, 1996

ORDER TIME : 1:25 PM

ORDER NO. : 203575-005

CUSTOMER NO: 4730540

CUSTOMER: Kenneth A. Williams, Esq
Hagen Dye Hirschy &
19th Fl., Benj Franklin Plaza
One Southwest Columbia Street
Portland, OR 97258-2087

300002046943--0
-01/06/97--01045--016
*****400.00 *****400.00

300002040563--2
-12/30/96--01003--027
p470 *****70.75 *****70.75

W9/0-27141

FOREIGN FILINGS

NAME: ATHENA MEDICAL CORPORATION

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

FILED
96 DEC 27 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

42 12/30



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

December 30, 1996

CSC

SUBJECT: ATHENA MEDICAL CORPORATION
Ref. Number: W96000027141

RESUBMIT
Please give original
submission date as file date

We have received your document for ATHENA MEDICAL CORPORATION and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

Pursuant to section 607.1502(4) or 617.1502(4), F.S., this office is required to collect a penalty of \$1000 for each year this corporation transacted business in Florida prior to qualification and the appropriate annual report fees that would have been due had the corporation qualified the year it began operation in this state.

However, the \$1000 per year penalty fee is waived, pursuant to laws of Florida 96-212, for any corporation that applies for a certificate of authority between July 1, 1996 and December 31, 1996.

The total amount due this office through December 31, 1996 to cover the back annual report(s) is \$400.00.

If you have any questions concerning the filing of your document, please call (904) 487-6094.

Doug Dickinson
Document Specialist

Letter Number: 096A00057589

RECEIVED
96 DEC 30 PM 3 22
DIVISION OF CORPORATIONS

TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Athens 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", 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:

Kenneth A. Williams

(Name of Person)

Hagen, Dye, Hirschy & DiLorenzo, P.C.

(Firm/Company)

One SW Columbia Street, Suite 1900

(Address)

Portland, OR 97258-2087

(City/State/Zip)

Should you need to call someone concerning this matter, please call:

Kenneth A. Williams

(Name of Person)

at (503)

222-1871

(Area Code & Daytime Telephone Number)

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COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**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. ATHENA MEDICAL CORPORATION
(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. Nevada
(State or country under the law of which it is incorporated)
3. 33-0202574
(FEI number, if applicable)
4. 12/08/86
(Date of Incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. 6/94
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 10180 SW Nimbus Ave., Ste. J-5
Portland, OR 97223
(Current mailing address)
8. Female health care products and diagnostics
(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 acceptable)**
Name: Corporation Service Company
Office Address: 1201 Hays Street
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.

Deborah D. Skipper

(Registered agent's signature)

Deborah D. Skipper, As Agent

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.

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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: James E. Rolnmuth

Address: 10180 SW Nimbus Ave., Suite J-5, Portland, OR 97223

Vice Chairman: None

Address: _____

Director: William H. Fleming

Address: 10180 SW Nimbus Ave. Suite J-5, Portland, OR 97223

Director: John E. Perry

Address: 4 Sawgrass Village, Suite 220B

Ponte Vedra, FL 32082

(continued)

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

President: William H. Fleming

Address: 10180 SW Nimbus Ave., Suite J-5, Portland, OR 97223

Vice President: None

Address: _____

Secretary: William H. Fleming

Address: 10180 SW Nimbus Ave., Suite J-5, Portland, OR 97223

Treasurer: James R. Wilson

Address: 10180 SW Nimbus Ave., Suite J-5, Portland, OR 97223

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. William H. Fleming, President
(Typed or printed name and capacity of person signing application)

SECRETARY OF STATE
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12.A DIRECTORS (continued)

Director: Carol A. Scott

Address: 10180 SW Nimbus Ave., Suite J-5, Portland, OR 97223

Director: Roseanna Sevcik

Address: 10180 SW Nimbus Ave., Suite J-5, Portland, OR 97223

Director: James R. Wilson

Address: 10180 SW Nimbus Ave., Suite J-5, Portland, OR 97223

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SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, and limited-liability partnerships pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **ATHENA MEDICAL CORPORATION**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since December 9, 1986, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on December 12, 1996.

Dean Heller

Secretary of State

By

Cara D. Bibbe

Certification Clerk

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96 DEC 21 PM 4:12

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