ACCOUNT NO. ÷

072100000032

REFERENCE

803365 4340059

AUTHORIZATION :

COST LIMIT : \$ 122.50

ORDER DATE: May 1, 1998

ORDER TIME : 10:36 AM

ORDER NO. : 803365-005

CUSTOMER NO:

4340059

CUSTOMER: Toni Clark, Legal Assistant

Kelley Drye & Warren, Llp

2400 Miami Center

201 South Biscayne Boulevard

Miami, FL 33131-2399

FOREIGN FILINGS

NAME: A.S.I.C., LTD.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

____ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Robert Maxwell

DIVISION OF CORPORA 8- YWW 86

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:

ı.	A.S.I.C., LTD. CORP.			
	(Name of corporation: must include the word "INCORPORA" words or abbreviations of like import in language as will clea natural person or partnership if not so contained in the name	rly indicate that it is a corporation instead	or of a	
	•	<i>.</i>		
2.	New Jersey (State or country under the law of which it is incorporated)	22-3485274		
	(State or country under the law of which it is incorporated)	(FEI number, if applicab	le)	
4.	12/03/96 (Date of Incorporation)	5. Perpetual		
	(Date of Incorporation)	(Duration: Year corp. will cease to exist "perpetual")		_
			98	D.√.
6.	_Upon qualification		=	<u> </u>
	(Date first transacted business in Florida. (SEE SECTIONS	607.1501, 607.1502, AND 817.155, F.S.)	8 AVW 86	
7.	465 North Franklin Turnpike,	Suite 2		- CA
			PH	무유
	Ramsey, New Jersey 07446			20
	(Current mailing as	ddress)	A STATE OF THE PARTY OF THE PAR	
	Servicing and maintenance of medical ecselling and distributing related compor	Juipment, instruments and pa	1 7 0 8	and'
8.	such servicing	· -		MTCU
	(Purpose(s) of corporation authorized in home state or coun	try to be carried out in the state of Florida)		
9.	Name and street address of Florida registered ag acceptable)	ent: (P.O. Box or Mail Drop Box N	<u>TOI</u>	
	Name:Corporation Service (Company		
	Office Address: 1201 Hays Street			
	Tallahassee	, Florida, <u>32301</u>		
10	. Registered agent's acceptance:	(Zip Code)		
res	tving been named as registered agent and to accer proration at the place designated in this applica gistered agent and agree to act in this capacity. I fu statutes relative to the proper and complete perfor	ition, I hereby accept the appoin wither agree to comply with the prov	itmeni vision	t as is of

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.

(Registered agent's signature)

and accept the obligations of my position as registered agent.

Corporation Service Company

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

ilip Podmore
5 North Franklin Turnpike, Suite 2
msey, New Jersey 07446
(Street address only- P. O. Box NOT acceptable)
lip Podmore
North Franklin Turnpike, Suite 2
sey, New Jersey 07446
Martin Shapiro
465 North Franklin Turnpike, Suite 2
Ramsey, New Jersey 07446
Philip Podmore
465 North Franklin Turnpike, Suite 2
Ramsey, New Jersey 07446
Philip Podmore
465 North Franklin Turnpike, Suite 2
Ramsey, New Jersey 07446
465 North Franklin Turnpike, Suite 2



