

F98000005271

FILING COVER SHEET

REFERENCE:

0173

DATE:

9-21-98

CONTACT:

CINDY HICKS

FROM:

CORPORATE & CRIMINAL RESEARCH SERVICES

103 N. MERIDIAN STREET

TALLAHASSEE, FL 32301

TELEPHONE:

222-1173

SUBJECT:

AVE MASSACHUSETTS, INC.

STATE FEES PREPAID WITH CHECK # 11579 FOR \$ 70.00

PLEASE FILE:

( ) ARTICLES OF INC.

( ) AMENDMENT

( ) DISSOLUTION

( ) ANNUAL REPORT

( ) MERGER

( ) WITHDRAWAL

(X) QUALIFICATION

( ) LIMITED PARTNERSHIP ( ) ANNUAL REPORT

( ) FICTITIOUS NAME

( ) LIMITED LIABILITY

( ) REINSTATEMENT

( ) TRADEMARK/SERVICE

( ) UCC-1

( ) UCC-3

PROVIDE US WITH:

( ) CERTIFIED COPY

( ) CERTIFICATE OF STATUS

(X) STAMPED COPY

Examiner's Initials

RECEIVED  
SEP 21 10:31  
DIVISION OF CORPORATIONS

STATE OF FLORIDA  
TALLAHASSEE

98 SEP 21 AM 10:19

HL 9/21

FILED

200002644252--3  
-09/21/98--01016--024  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

**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. AVE Massachusetts, 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. Delaware  
(State or country under the law of which it is incorporated)
3. 043433472  
(FEI number, if applicable)
4. September 1, 1998  
(Date of Incorporation)
5. perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. upon qualification  
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 3576 Unocal Place, Santa Rosa, CA 95403

(Current mailing address)

8. Sales of medical devices and other related activities.  
(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)**

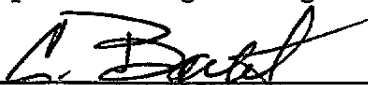
Name: NRAI Services, Inc.

Office Address: 526 E. Park Avenue

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.*

  
C. Baclet (Registered agent's signature) Vice President

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: 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 of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. John D. Miller, Vice President  
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE FLORIDA

**AVE Massachusetts, Inc.**

**OFFICERS & DIRECTORS LIST**

**OFFICERS:**

NAME	TITLE	BUSINESS ADDRESS
Scott J. Solano	President	3576 Unocal Place Santa Rosa, California 95403
John D. Miller	Vice President	3576 Unocal Place Santa Rosa, California 95403
Lawrence J. Fassler	Secretary	3576 Unocal Place Santa Rosa, California 95403

**DIRECTORS:**

NAME	BUSINESS ADDRESS
Scott J. Solano	3576 Unocal Place Santa Rosa, California 95403
John D. Miller	3576 Unocal Place Santa Rosa, California 95403
Lawrence J. Fassler	3576 Unocal Place Santa Rosa, California 95403

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TALLAHASSEE FLORIDA

*State of Delaware*  
*Office of the Secretary of State*

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PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AVE MASSACHUSETTS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF SEPTEMBER, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA



A handwritten signature in cursive script, reading "Edward J. Freel".

Edward J. Freel, Secretary of State

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AUTHENTICATION: 9300188

DATE: 09-14-98