Document Number only OCCO 5928

C T Corporation Sy	stem	
Requestor's Name 660 East Jefferson	· -	
Address	2301	
City State Zip	Phone	8000026702680 -10/22/9801074020
CORPORAT	ION(S) NAME	*****70.00 *****70.00
american Medic	al Systems, Ive	98 CCT
		PARY OF PH
Profit () NonProfit	() Amendment	3: 36 () Merger 36
() Limited Liability Compa () Foreign	() Dissolution/V	Withdrawal () Mark
() Limited Partnership () Reinstatement () Limited Liability Part	() Annual Repo () Reservation	() Change of R.A. () 2 () Fictitious Name
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Name Availability Document Examiner	16/22/93	PLEASE RETURN EXTRA COPY(S) FILE STAMPED THANKS
Updater		JOEY
Verlifier Acknowledgment	· · · · · · · · · · · · · · · · · · ·	= file 204
W.P. Verifier	. were	ful 2

CR2E031 (1-89)

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.	American Medical Systems, Inc. (Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION abbreviations of like import in language as will clearly indicate that it is a corporation instead of a n or partnership if not so contained in the name at present.)				
2	Delaware 3. 13-4018241				
۷.	Delaware 3. 13-4018241 (State or country under the law of which it is incorporated) (FEI number, i	if applicable)			
	Centre of committy and the committee of	,			
4.	July 20, 1998 (Date of incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or the second secon	"nemetual")			
	(Date of monipolation)	po.potaa.)			
_		98 5 13 10 13 10 10 10 10 10 10 10 10 10 10 10 10 10			
6.	Upon Qualification (Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.156, F.S.))	8 3			
	(Date hist transacted pushtess in Florida, (See Sections Sov. 1901, 301. 1902, and 617. 190, F.S.))	→ A N 22m			
		22 Fig.			
7.	10700 Bren Road West, Minnetonka, Minnesota 55343	골 유 ^비			
		မ္း ္ခ်ိန္မ			
	(Current mailing address)	36 H			
	$(-1)^{2}$	Ś			
8.	The sale of implantable medical devices to hospitals and all other lawfunctions as permitted in the state.	ıl business			
	(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)				
a	Name and street address of Florida registered agent:				
٥.	Traine and street address of Frontia registered agents				
	Name: C T Corporation System				
	Office Address: Island Road				
	Office Address, Island Adad				
	Plantation , Florida, 33324				
	(Zip Code)				
He de fui	D. Registered agent acceptance: aving been named as registered agent and to accept service of process for the above stated corpora esignated in this application. I hereby accept the appointment as registered agent and agree to act in ther agree to comply with the provisions of all statutes relative to the proper and complete performed. I am familiar with and accept the obligation of my position as registered agent.	n this capacity. I			

- 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:

A.	DIRECTORS
	Chairman: See attached list of directors
	Address:
	Vice Chairman: See attached list of directors
	Address:
	Director: See attached list of directors
	Address:
	Director:
	Address:
B.	OFFICERS
	President: See attached list of officers
	Address:
	Vice President:
	Address:
	Secretary:
	Address:

reasurer:	
Address:	
NOTE: If necessary, you and/or directors.	may attach an addendum to the application listing additional officers
(Signature of Chairman application)	, Vice Chairman, or any officer listed in number 12 of the
14. Sam Humphries. Presi	e and capacity of person signing application)

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NAME	TITLE(S)	ADDRESS
Sam Humphries	President, C.E.O. Director	10700 Bren Road West Minnetonka, MN 55343
Jonathan Leff	V. President, Treasurer Asst. Secretary	10700 Bren Road West Minnetonka, MN 55343
Robin Cleveland	V President, Secretary Asst. Treasurer	10700 Bren Road West Minnetonka, MN 55343
Elizabeth Weatherman	Director	10700 Bren Road West Minnetonka, MN 55343
James Thomas	Director	10700 Bren Road West Minnetonka, MN 55343
Richard Emmitt	Director	10700 Bren Road West Minnetonka, MN 55343

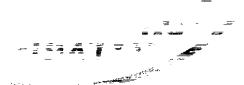
DIVISIO 22 PM 3: 37

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMERICAN MEDICAL SYSTEMS, 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 TWENTY-NINTH DAY OF SEPTEMBER, A.D. 1998.

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

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Edward J. Freel, Secretary of State

AUTHENTICATION:

9327769

DATE:

09-29-98