

F 99000000461

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: LYNX MEDICAL SYSTEMS, INC.
(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:

VICKY TRIEB
(Name of Person)

LYNX MEDICAL SYSTEMS, INC
(Firm/Company)

15325 SE 30th PLACE #200 W99-166
(Address)

BELLEVUE, WA 98007
(City/State/Zip)

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

100002730081--2
-01/05/99--01032--002
*****70.00 *****70.00

VICKY TRIEB at (425) 641-4451
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
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

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FLORIDA

99 JAN 25 AM 11:52

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421/25



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

January 5, 1999

VICKY TRIEB
LYNX MEDICAL SYSTEMS, INC.
15325 SE 30TH PLACE, #200
BELLEVUE, WA 98007

SUBJECT: LYNX MEDICAL SYSTEMS, INC.
Ref. Number: W99000000166

We have received your document for LYNX MEDICAL SYSTEMS, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers
Document Specialist

Letter Number: 199A00000313

**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. LYNX MEDICAL SYSTEMS, 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. WASHINGTON 3. 91-1263758
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 2/29/84 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. NOVEMBER 1998
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 15325 SE 30th PLACE #200
BELLEVUE, WA 98007
(Current mailing address)

8. ASSIGNMENT OF CPT CODES TO MEDICAL PROCEDURES
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road
Plantation, Florida, 33324
(Zip code)

10. Registered agent's acceptance:

See attached: "Consent to Serve as Registered Agent"

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.

(Registered agent's signature)

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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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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CONSENT TO SERVE AS REGISTERED AGENT

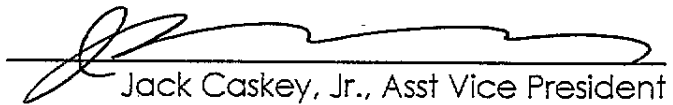
C T Corporation System, located at 1200 South Pine Island Road, Plantation, Florida 33324 does hereby consent to serve as Registered Agent for the following company:

LYNX MEDICAL SYSTEMS, INC.

We understand that as the agent, it will be our responsibility to receive service of process; to forward all mail; and to immediately notify the Office of the Secretary of State in the event of our resignation, or of any changes in the Registered Office address.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DATED December 18, 1998


Jack Caskey, Jr., Asst Vice President

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: _____

Address: _____

~~DIRECTOR~~
~~Vice Chairman:~~ MASON A. SMITH, MD.

Address: 15325 SE 30th PLACE #200
BELLEVUE WA 98007

Director: NANCY K. SMITH

Address: 15325 SE 30th PLACE #200
BELLEVUE WA 98007

Director: JOHN MOOREHEAD, MD

Address: 15325 SE 30th PLACE #200
BELLEVUE WA 98007

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

President: MASON A. SMITH, MD

Address: 15325 SE 30th PLACE #200
BELLEVUE WA 98007

Vice President: —

Address: _____

Secretary: MASON A. SMITH, MD

Address: 15325 SE 30th PLACE #200
BELLEVUE WA 98007

Treasurer: MASON A. SMITH, MD

Address: 15325 SE 30th PLACE #200
BELLEVUE, WA 98007

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Mason A. Smith
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. MASON A. SMITH, MD
(Typed or printed name and capacity of person signing application)

FILED
99 JAN 25 AM 11:52
SEAL OF THE STATE OF FLORIDA
TALLAHASSEE

STATE of WASHINGTON



SECRETARY of STATE

I, RALPH MUNRO, Secretary of State of the State of Washington and custodian of its seal,
hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION
OF
LYNX MEDICAL SYSTEMS, INC.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

I FURTHER CERTIFY that the records on file in this office show that the
above named profit corporation was formed under the laws of the
State of Washington and was issued a Certificate of Incorporation
in Washington on February 29, 1984.

I FURTHER CERTIFY that as of the date of this certificate, no Articles of Dissolution
have been filed, and that the corporation is duly authorized to
transact business in the corporate form in the State of Washington.



Date: October 28, 1998

*Given under my hand and the Seal of the State
of Washington at Olympia, the State Capital*


H. M. MUNRO
Ralph Munro, Secretary of State