# F99000002349

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	ication/Tax Lien Section on of Corporations		•		· <u></u>	
	ACUMED, INC.			_		
SUBJECT:	· ·	poration - must i	naluda auffiri)		· · ·	
	(Name of con	rporation - must i	nciude surrix)			
Dear Sir or Ma	ıdam:			_		
	Application by Foreign Corporate Existence, and check are submit ss in Florida.					
Please return al	ll correspondence concerning this	matter to the foll	lowing:	_	•	
	Phillip R. Muir			.:	<u>.</u>	
	(N	ame of Person)			SECRE IVISION 99 MAY	je mere e
	= -					
	Muir & Troutman (Firm/Company)				F CO	
	P.O. Box 25403			= .	PH L	
		(Address)		:	ATIO	
-	Portland, OR 97	7298-0403	-	-	NS.	
	(0	City/State/Zip)				· · · · · · · · · · · · · · · · · · ·
Should you nee	ed to call someone concerning this	s matter, please c	all: 500	-05/04	2861535- 4/99010350 *87.50 *****8	
Phillip R.	Muir at (	503 ) 29	2-6788			
(Name	e of Person)	(Area Code & I	Daytime Telephon	e Numb	per)	-
					Name Availabilify	
STREET ADD	DRESS:	MAILI	NG ADDRESS:	<del></del>	Document . Examiner	
Qualification/T Division of Con 409 E. Gaines S Tallahassee, FL	St.	Division P.O. Box	ation/Tax Lien Se of Corporations k 6327 see, FL 32314	ction — —	Updater Updater Verifyer  Acknowledgement	
	heck for the following amount:		•	<u></u> :	P. Verifyer	
🗖 \$70.00 Filin	g Fee		_		0 Filing Fee, ficate of Status &	

Certified Copy

799A-24794

### 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.		ACUMED, INC.					<u>-</u>		
	(Name of corpora	ation; must include the wo	rd "INCORPO	RATED", "CO	)MPA)	NY", "CORPORA	TION" or		
		ations of like import in lar							
	natural person or	partnership if not so conta	ained in the nar	ne at present.)					
					00	1005000			
2.	State o	f Oregon		_ 3	93-	1025388	<u>=</u>		
	(State or country	under the law of which it i	is incorporated)	•		(FEI number, if	applicable)		
4.			5		per	petual pp. will cease to e	<del>-</del>		
	(Date	of incorporation)		(Duration: \	ear co	rp. will cease to e	xist or "perpe	etual")	
6.	Janu	ary, 1999					- <del></del>		
	(Date first	ransacted business in Flor	ida.) (SEE SEC	CTIONS 607.1	501, 6	07.1502 and 817.	155, F.S.)		
7.	1095	O SW Fifth Ave., S	Suite 160						-
		O DW FIICH HVC	34450 400	· · · · · · · · · · · · · · · · · · ·					
	Beav	erton OR 97005							
		(0	Current mailing	; address)					
8.	Cala	and distribution	of modica	i implant	devic	265	<u>_</u>		
٥.		of corporation authorized					Florida)	<del></del>	·
		·		_			•		
9.	Name and stre	et address of Florida r	egistered age	nt: (P.O. Bo	x or M	Iail Drop Box <u>N</u>	OT acceptal	ole) 😘	N S
	Name:	RONALD A. HUEBN	ER						SION
		The Shore, Unit					<del>च</del> =	c	으ુ
O	ffice Address:	5757 Gulf of Me					<del>-</del> ·	÷	
<u> </u>								Ş	국 국
	_	Longboat Key		, Fl	orida,	34228-1718		PM t:	ST ST ST
						(Zip code)		=	
10	·	49						-	Š
10	. Kegistered ag	ent's acceptance:							
				<b>C C</b>	47				/f
		as registered agent and t hereby accept the appoin							
		visions of all statutes rela							
		ations of my\position as r			ole per	, o		···· <i>y</i> ······	
		R. n.	004	000	A -		_		
		ponde	2 9 1/	Low	2		<del>:=</del>		
			egistered agen	t's signature)			_	•	_
		RONALD A. HUE	DNEK				5.1		

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: (Street address ONLY - P.O. Box NOT acceptable)

#### A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman:	Randall Huebner	
Address: _	18000 SW Bany Rd.	
	Beaverton, OR 97005	<u> </u>
Vice Chairn	nan: Ronald A. Huebner	<u>=</u>
Address:	The Shore, Unit 208	
7 Iddi 033,	The Shore, Unit 208 5757 Gulf of Mexico Drive Longboat Key, FL 34228-1713	=
_	Longboat Key, FL 34228-1713	
Director: _	Harry Kraus	Mary Huebner
Address:	4905 SW Dosch Park Lane	18000 SW Bany Rd.
_	Portland, OR 97201	Beaverton, OR 97005
Director: _	Loren Spurgeon	·
Address:	521 16th Ave. W.	<u> </u>
	Kirkland, WA 98033	<u> </u>
B. OFFIC	ERS (Street address only - P.O. Box NOT acceptabl	
President:	Randall Huebner	
Address: _	18000 SW Bany Rd.	
-	Beaverton, OR 97005	
Vice Preside	ent: Ronald A. Huebner	
	The Shore, Unit 208	· _= vi auv
Address:	5757 Gulf of Mexico Drive	
_	Longboat Key, FL 34228-1713	-
Secretary: _	Mary Huebner	
Address:	18000 SW Bany Rd.	
_	Beaverton, OR 97005	- <u>=</u>
Treasurer:	Mary Huebner	<u></u>
Address: _	18000 SW Bany Rd.	· · — — — — — — — — — — — — — — — — — —
_	Beaverton, OR 97005	
NOTE: If	necessary, you may attach an addendum to the application l	isting additional officers and/or directors.
12	2.000 AND PRESIDENT	<del></del>
13	(Signature of Chairman, Vice Chairman, or any officer	r listed in number 12 of the application)
14	RANDALL HUEBNER, Chairman/President	
	(Typed or printed name and capacity	or person signing application).

#### **CERTIFICATE**

# State of Oregon

## OFFICE OF THE SECRETARY OF STATE Corporation Division

I, PHIL KEISLING, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

#### ACUMED, INC.

was
incorporated
under the Oregon
Business Corporation Act
on
January 26, 1990

and is active on the records of the Corporation Division as of the date of this certificate.



In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

PHIL KEISLING, Secretary of State\_

By \_\_\_\_

Marilyn R. Smith

April 23, 1999