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Document Number Only

C T CORPORATION SYSTEM

660 East Jefferson Street

Requestor's Name

Tallahassee, Florida 32301

Address

(850) 222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

800002878778--8

-05/18/99--01052--020

\*\*\*\*\*70.00 \*\*\*\*\*70.00

Ali Med SB, Inc

☒ Profit

☐ NonProfit

☐ Limited Liability Company

☒ Foreign

☐ Amendment

☐ Merger

☐ Dissolution/Withdrawal

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Fict. Filing

☐ Change of R.A.

☐ Limited Liability Partnership

☐ Photo Copies

☐ UCC-1 UCC-3

☐ Certified Copy

☐ CUS

☐ Call When Ready

☐ Call if Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

Please Return Extra Copy(s)  
Filed Stamp

Thanks, Melanie

MAY 18

4/25/18/99

Name
Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION 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. AliMed SB, 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. Massachusetts

(State or country under the law of which it is incorporated)

3. 04-3370970

(FEI number, if applicable)

4. June 20, 1997

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Filing

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

7. 297 High Street, Dedham, MA 02026

(Current mailing address)

8. To engage in the sale and distribution of medical and medically related products to orthopedic clinics, physical therapy clinics and sports medicine clinics.  
(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: C T CORPORATION SYSTEMOffice Address: 1200 South Pine Island RoadPlantation, Florida, 33324

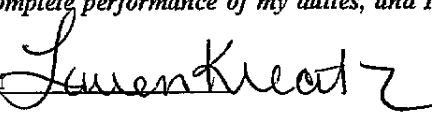
(Zip code)

**10. Registered agent 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 obligation of my position as registered agent.

C T CORPORATION SYSTEM

(Registered agent's signature)

**LAUREN H. KREATZ****SPECIAL ASSISTANT SECRETARY**

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: Julian H. CherubiniAddress: 70 Gray Cliff Rd., Newton, MA

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Nicole A. CherubiniAddress: 70 Gray Cliff Rd.Newton, MADirector: Alexandra A. CherubiniAddress: 70 Gray Cliff Rd.Newton, MA

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

President: Julian CherubiniAddress: 297 High Street, Dedham, MA 02026

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Julian CherubiniAddress: 297 High Street, Dedham, MA 02026Treasurer: Julian CherubiniAddress: 297 High Street, Dedham, MA 02026

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. Julian H. Cherubini, President  
(Typed or printed name and capacity of person signing application)



William Francis Galvin  
Secretary of the  
Commonwealth

# *The Commonwealth of Massachusetts*

*Secretary of the Commonwealth*

*State House, Boston, Massachusetts 02133*

April 29, 1999

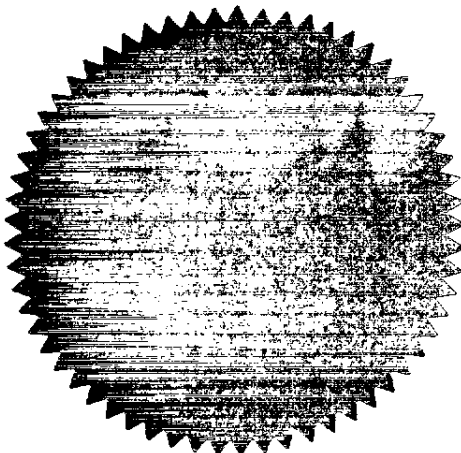
To Whom It May Concern :

I hereby certify that,

**AliMed SB, Inc.**

appears by records of this office to have been incorporated under the General Laws of this Commonwealth on **June 20, 1997**.

I also certify that so far as appears of record here, said corporation still has legal existence.



In testimony of which,  
I have hereunto affixed the  
Great Seal of the Commonwealth  
on the date first above written.

*William Francis Galvin*

Secretary of the Commonwealth

JBM

\* MGL Chapter 156B Section 83A provides that certain consolidations and mergers may be filed with the division within thirty days after the effective date of the merger or consolidation.

