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CORPORATION NAME(S) AND DOCUMENT NUMBER(S) (if known):

Maxxim Medical Inc.

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-08/24/99--01001--015  
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AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A. Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
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REGISTRATION/QUALIFICATION	
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<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

☐ Certificate of FICTITIOUS NAME

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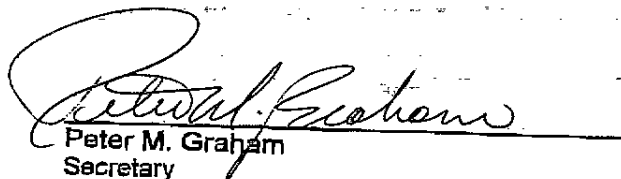
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**BOARD OF DIRECTORS RESOLUTION  
OF  
MAXXIM MEDICAL, INC.**

I the undersigned, Peter M. Graham, do hereby certify that this Resolution of the Board of Directors of Maxxim Medical, Inc., a corporation duly organized and existing under the laws of the State of Texas, was duly adopted on August 17, 1999.

RESOLVED, that Maxxim Medical, Inc. hereby adopts the name Maxxim Medical (Texas), Inc. for use in Florida documentation to qualify as same.

Dated: August 20, 1999

  
Peter M. Graham  
Secretary

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**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. Maxxim Medical, 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. Texas  
(State or country under the law of which it is incorporated)
3. 76-0291634  
(FEI number, if applicable)
4. August 11, 1976  
(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. 10300 49th Street North  
Clearwater, Florida 33762  
(Current mailing address)
8. to transact any and all lawful business for which corporations may be incorporated under the laws of Florida.  
(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: Paulee Day, Esquire
- Office Address: 10300 49th Street North  
Clearwater, Florida, 33762  
(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.*

Paulee C. Day  
(Registered agent's signature)  
Paulee Day, Esquire

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: \_\_\_\_\_

Address: \_\_\_\_\_ see attached Exhibit "A" \_\_\_\_\_

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

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

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

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

President: \_\_\_\_\_ see attached Exhibit "A" \_\_\_\_\_

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. Peter M. Graham, Senior Executive Vice President \_\_\_\_\_

(Typed or printed name and capacity of person signing application)

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**EXHIBIT "A"**

**CORPORATE OFFICERS AND DIRECTORS**

<b><u>NAME &amp; ADDRESS</u></b>	<b><u>OFFICE</u></b>
Kenneth Davidson 10300 49 <sup>th</sup> Street North Clearwater, Florida 33762	Chairman of the Board, President, and Chief Executive Officer
Peter M. Graham 10300 49 <sup>th</sup> Street North Clearwater, Florida 33762	Senior Executive Vice President, Chief Operating Officer and Secretary
Ernest J. Henley, Ph.D. 10300 49 <sup>th</sup> Street North Clearwater, Florida 33762	Director
Peter G. Dorflinger 10300 49 <sup>th</sup> Street North Clearwater, Florida 33762	Director
Henk R. Wafelman, Ing 10300 49 <sup>th</sup> Street North Clearwater, Florida 33762	Director
Richard O. Martin, Ph.D. 10300 49 <sup>th</sup> Street North Clearwater, Florida 33762	Director
Martin Graboys, M.D. 10300 49 <sup>th</sup> Street North Clearwater, Florida 33762	Director
Donald R. DePriest 10300 49 <sup>th</sup> Street North Clearwater, Florida 33762	Director

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# The State of Texas

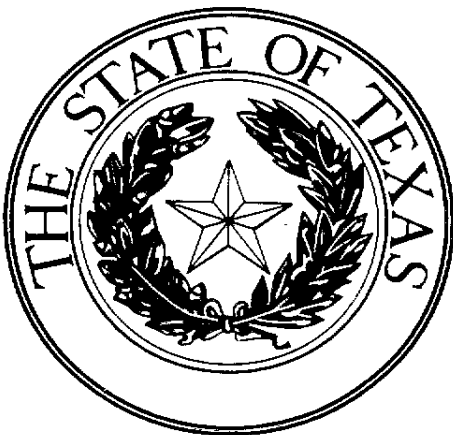
## SECRETARY OF STATE

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IT IS HEREBY CERTIFIED that  
Articles of Incorporation of

MAXXIM MEDICAL, INC.  
File No. 01132478-00

were filed in this office and a certificate of incorporation was issued to this corporation,  
and no certificate of dissolution is in effect and the corporation is currently in existence.



*IN TESTIMONY WHEREOF, I have hereunto  
signed my name officially and caused to be  
impressed hereon the Seal of State at my office in  
the City of Austin, on August 17, 1999.*

Elton Bomer  
Secretary of State

MAC