Poor ment 1999 90000006430

CT	Corporati	on System		<u>-=.a_</u>
Reque	stor's Name			
660) East Jef	ferson St	reet	
Addre	ss			~
_Tal	lahassee,	FI 32301	(850)222-	1092
City	State	Zip	Phone	

CR2E031 (1-89)

400003068124--7 -12/13/99--01114--003 ***1150.00 ***1150.00

400003068124--7 -12/13/39--01114--002 ******70.00 ******70.00

CORPORATION(S) NAME

		99 S
Disernonic medice	1 Systems Tine.	DEC 13
Profit (I) NonProfit	() Amendment	PH 5: 20 () Merger
Foreign	() Dissolution/Withdrawal	() Mark
() LLC () Limited Partnership () Reinstatement	() Annual Report () Reservation	() Other ucc Fring () Change of R.A.
() Certified Copy	() Photo Copies	() CUS.
() Call When Ready ** Walk In () Mail Out	() Call if Problem () Will Wait	() After 4:30 ∾ ∪ ∰ Pick Up ⊃ ⊃
Name Availability Document Examiner Updater	1.4,3	se Return Extra Copie ile Stamped To: effrey Butterfield
Verifier Acknowledgment W.P. Verifier	BK 12/13/99	TITE, Durrelliera

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	CE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO COREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
	SKEIGH CORFORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
	onic Medical Systems Inc.
words or abbre	CE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO OREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. conic Medical Systems Inc. oration; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or eviations of like import in language as will clearly indicate that it is a corporation instead of a or partnership if not so contained in the name at present.)
2. <u>Minnes</u> ota	44.4570004
(State or countr	ry under the law of which it is incorporated) (FEI number, if applicable)
4 May, 14	, 1991 5. <u>Perpetual</u>
•	te of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6April	
(Date firs	st transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
75151 P	rogram Avenue
Mounds	view, Minnesota 55112-1014
	(Current mailing address)
3. Market	and sell_medical devices
· 	e(s) of corporation authorized in home state or country to be carried out in state of Florida)
). Name and st	reet address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name:	C T Corporation System
Office Address:	1200 South Pine Island Road
	Plantation Florida 33324
	Plantation, Florida, 33324 (Zip code)
	(Zip code)
0. Registered	agent's acceptance:
Conina boom	
his application, I vith the provision	ed as registered agent and to accept service of process for the above stated corporation at the place designated hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply s of all statutes relative to the proper and complete performance of my duties, and I am familiar with and acc my position as registered agent.
	Michele R. Justesen (Registered agent's signature)
	(Registered agent's signature)
	michele R. Justensen Asst. Sucy i
1. Attached is a	certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the
	te, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable) FL019 - 9/2/99 CT System Online

	ORS (Street address only - P.O. Wilhelm Michel					20
					<u> </u>	
	6 Brunnmattstrasse					2
	Burgdorf, Switzerland					
	n:					
Address:	<u> </u>		<u> </u>			- 25 - 25 - 310
		<u> </u>	<u> </u>	,		<u>.</u>
Director:		<u> </u>				
Director:	· · · · · · · · · · · · · · · · · · ·					· · · · · · · · · · · · · · · · · ·
Address.		W				- 1
B. OFFICE	RS (Street address only - P.O.	Roy NOT accordable	<u>, </u>			
	Patrick DeHaes					
	5151 Program Avenue					
	Moundsview, Minnesota 55112-	1014			<u> </u>	
Vice President:	James J. Myers	<u> </u>				
	5151 Program Avenue					
	Moundsview, Minnesota 59					
Secretary:	dward ? University					
Address: P	laza VII, 45 South Seventh St				a popular a	
			<u> · -</u>	<u> </u>	*	
irector of Fin	inneapolis Minnesota 55402- ance and Administration:		<u> </u>	<u> </u>	. :-	P
446484444;		Jeffrey P. Shields		1,1 <u>241 " ; 1</u>		<u> </u>
Address:	5	151 Program Avenue		1000		<u> </u>
		oundsview. Minnesota				
NOTE: If neces	ssary, you may attach an addendun	n to the application listin	g additional of	icers and/or direct	ore	
13.						
	(Signature of Chairman, Vice Cha	nirman, or any officer list	ed in number 1	2 of the application	1)	*
4 Patric	k DeHaes, President and Chief			- 1		

state of Minnesota

SECRETARY OF STATE

99 DEC 13 PM 5: 20

Certificate of Good Standing

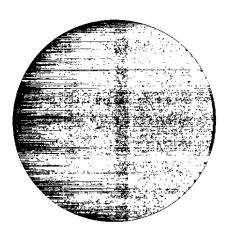
I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

Name: Disetronic Medical Systems Inc.

Date Formed: 05/14/1991

Chapter Governed By: 302A

This certificate has been issued on 12/07/99.



Mary Hiffmeyer Secretary of State.