Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

fax Number

: (850)617-6380

From:

Account Name

: C T CORPORATION SYSTEM

Account Number: FCA00000023

Phone

: {850}222-1092

Fax Number

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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| | ADDIOSSI | |

COR AMND/RESTATE/CORRECT OR O/D RESIGN DISETRONIC MEDICAL SYSTEMS INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$35.00 |

3/18/10 3/18/10

COVER LETTER

| Division of Corporations | · | | |
|--|--|--|--|
| SUBJECT: Diserronic Medical Systems Inc. | | | |
| | ne of Corporation | | |
| DOCUMENT NUMBER: F99000006430 | | | |
| The enclosed Amendment and fee are sub | mitted for filing. | | |
| Please return all correspondence concernit | ng this matter to the following: | | |
| , | • | | |
| Name of Contact Person | | | |
| | | | |
| Firm/Company | | | |
| | | | |
| Address | | | |
| | | | |
| City/State and Zip Code | | | |
| tama shepherd@contractors.re | , Ochr com | | |
| E-mail address: (to be used for future and | | | |
| For further information concerning this ma | itter, please call: | | |
| Toma Shopherd | at (317) \$21-3906 | | |
| Name of Contact Person | Area Code & Daytime Telephone Number | | |
| Enclosed is a check for the following amou | ınt: | | |
| \$35.00 Filing Foc \$43.75 Filing Foc & Certificate of State | \$43.75 Filing Fee & S52.50 Filing Fee, Cartificate of Status & Cartificate of Status & Cartificate of Status & Cartificate of Status & Cartificate Copy (Additional copy is enclosed) | | |
| Mailing Address: Amendment Section | Street Address: | | |
| Division of Corporations | Division of Corporations | | |
| P.O. Box 6327 | Clifton Building | | |
| Taliahassee, FL 32314 | 2661 Executive Center Circle Tallahassee, FL 32301 | | |
| | - deduction of the companies of the comp | | |



PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA (Pursuant to s. 607.1504, F.S.)

| | s | ection 1 | | SECRET/ | 'annym |
|---------------------------------|--|--|---|--|---------------------|
| | | T BE COMPLI | eted) | AREA AHA | |
| | | 99000006430 | | S 20 00 | ı |
| | (Document numb | er of corporation | in (if known) | | |
| 1. | Disetronic l | Medical System | s Inc. | 58 5 | , — |
| | (Name of corporation as it appear | rs on the record | of the Department of State) | 25 6 | 5 |
| | , , | | • | gm c | > |
| 2 | Minnesota | 7 | December 13. | 1909 | |
| <i></i> | (Incorporated under laws of) | | December 13 (Date authorized to do bus | ineas in Florida) | |
| | | | - | - | |
| | | | • | • | |
| | | | | | |
| | | ECTION II | 4 11 | | |
| | · (4-7 COMPLETE ONL) | K 1HE APPLIC | ABLE CHANGES) | | |
| | | | | | |
| 4. If the a | imendment changes the name of the corporat | ion, when wa | is the change effected un | der the laws of | |
| its juri. | sdiction of incorporation? Filed: 03/ | 02/2010 | Effective Date | e: 04/01/2 | 2010 |
| | | | | | |
| Name | insulin Delivery Systems Inc. of corporation after the amendment, adding priate abbreviation, if not contained in new t | suffix "corpo name of the c | ration," "company," or | "incorporated," | or |
| (If new busine | name is unavailable in Florida, enter alterna ss in Florida) | te corporate i | name adopted for the pur | pose of transact | ing |
| 6. If the a | mendment changes the period of duration, ir | ndicate now p | eriod of duration. | | |
| | | | | | |
| | N | ew distriction) | | | |
| | • | | | | |
| 7. If the a | mendment changes the jurisdiction of incorp | oration, indi | sate new jurisdiction. | | |
| | | | · | | |
| | (Ne | w jurisdiction) | | | |
| 8. Attache 90 days having | ed is a certificate or document of similar lines prior to delivery of the application to the D custody of corporate records in the jurisdiction. | ort, evidenci epartment of ion under the | ng the amendment, authe State, by the Secretary o laws of which it is incor | inticated not mo. If State or other operated. | re than official |
| _ | Simpature of a director, president or other officer - if | in the hands | | | |
| ì | Signature of a director, president or other officer - if of a receiver or other court appointed fiduciary, by the | at fiductary) | | | |
| | Lynn M. Gagel | | Secretary | | • |
| | (Typed or printed name of person signing) | | (Title of person sign | ung) | |

state of Minnesota

SECRETARY OF STATE

Certificate of Fact

I, Mark Ritchie, Secretary of State of Minnesota, keeper of the Great Seal of the State and custodian of the documents pertaining to the businesses governed by the laws of this State, do hereby certify that:

Old Name: Disetronic Medical Systems Inc.

New Name: Roche Insulin Delivery Systems Inc.

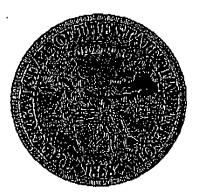
Date Name Change was filed: 03/02/2010

Effective Date: 04/01/2010

Chapter Governed By: 302A

Formed Under the Laws of: Minnesota

This certificate has been issued on: March 4, 2010



Mark Ritchie Secretary of State.