

**F990000006130**

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H10000061624 3)))



H100000616243ABCU

4-1-10

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**FILED**  
2010 MAR 18 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

*Please give  
to:  
Annette*

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

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

*Thank  
You! ☺*

**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

*Amend  
ASR  
3/18/10*

**RECEIVED**  
2010 MAR 18 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Disetronic Medical Systems Inc.  
Name of Corporation

**DOCUMENT NUMBER:** F99000006430

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State and Zip Code

toma.shepherd@contractors.roche.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Toma Shepherd  
Name of Contact Person

at ( 317 ) 521-3906  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35.00 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☒ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy  
(Additional copy is  
enclosed)

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

EFFECTIVE DATE  
4-1-10

**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.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

P99000006430

(Document number of corporation (if known))

**FILED**  
**2010 MAR 18 PM 12:00**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

1. Disetronic Medical Systems Inc.  
(Name of corporation as it appears on the records of the Department of State)
2. Minnesota  
(Incorporated under laws of)
3. December 13, 1999  
(Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? Filed: 03/02/2010 Effective Date: 04/01/2010

5. Roche Insulin Delivery Systems Inc.  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

  
(Signature of a director, president or other officer - If in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Lynn M. Gage  
(Typed or printed name of person signing)

Secretary  
(Title of person signing)

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.