



F01000002728

ACCOUNT NO. : 072100000032

REFERENCE : 073515 4380633

AUTHORIZATION : *Patricia Pijoto*

COST LIMIT : \$ ~~7000~~

01 MAR 15 PM 1:22
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : March 9, 2001

ORDER TIME : 8:09 AM

3,520.00

ORDER NO. : 073515-090

300003853763-2

CUSTOMER NO: 4380633

CUSTOMER: Mr. Tony Lueken
Oec Medical Systems, Inc.
384 Wright Brothers Drive

Salt Lake City, UT 84116

FOREIGN FILINGS

W

BK

NAME: OEC MEDICAL SYSTEMS, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 1156

EXAMINER: _____

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

01 MAR 15 AM 9:58
RECEIVED

W01-6170



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

March 19, 2001

SUSIE KNIGHT
CSC

SUBJECT: OEC MEDICAL SYSTEMS, INC.
Ref. Number: W0100006170

RESUBMIT
Please give original
submission date as file date.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for OEC MEDICAL SYSTEMS, INC. and the authorization to debit your account in the amount of \$70.00. However, the document has not been filed and is being retained for the following:

Based upon information provided by the Florida Department of Revenue, pursuant to section 213.053(14), Florida Statutes, it appears that OEC MEDICAL SYSTEMS, INC. has transacted business in Florida prior to submitting an "Application for Authority to Transact Business in Florida". The information received from the Florida Department of Revenue indicates, as the initial date of transacting business in the State of Florida.

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$3450.00.

If you have any questions concerning the filing of your document, please call (850) 487-6917.

Gretchen Harvey
Document Specialist Supervisor

Letter Number: 301A00016616

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. OEC Medical Systems, 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. Delaware

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

3. 94-2538512

(FEI number, if applicable)

4. 2/12/1988

(Date of incorporation)

5. Perpetual

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

6. Upon Qualification

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 384 Wright Brothers Dr. Salt Lake City, Utah 84116

(Principal office address)

Same

(Current mailing address)

8. Sales & Service of X-Ray Equipment

(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: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301

(City)

(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.

Corporation Service Company

Rossie Hall

(Registered agent's signature)

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.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: See attached officers/directors rider

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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B. OFFICERS

President: See attached officers/directors rider

Address: _____

Vice President: _____

Address: _____

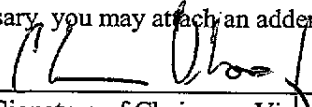
Secretary: _____

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. CLARENCE VERHOEF, CFO
(Typed or printed name and capacity of person signing application)



GE Medical Systems
OEC

384 Wright Brothers Dr.
Salt Lake City, Utah 84116-2862

Officers of OEC Medical Systems:

Ruben Berumen, President & CEO
Clarence Verhoef, CFO & Corp. Secretary
Larry Harrawood, VP - Clinical & Market Development
Dan Edwards, VP - U.S. Distribution

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TALLAHASSEE, FLORIDA

State of Delaware
Office of the Secretary of State

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OEC MEDICAL SYSTEMS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF MARCH, A.D. 2001. - - -

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

2152699 8300

AUTHENTICATION: 1015442

010119695

DATE: 03-12-01