

# F180000003848

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

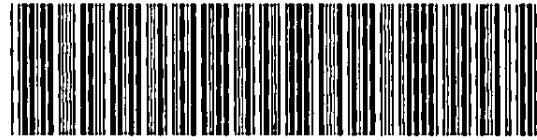
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08/22/18--01020--025 \*\*650.00

08/02/18--01018--029 \*\*70.00

**FILED**  
2018 AUG 21 PM 1:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N CULLIGAN

AUG 22 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Renovis Surgical Technologies, Inc  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Carolyn Tuff

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Name of Person

Renovis Surgical Technologies, Inc

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Firm/Company

1901 W. Lugonia Ave. Suite 340

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Address

Redlands, CA 92374

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City/State and Zip code

ctuff@renovis-surgical.com

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

For further information concerning this matter, please call:

Carolyn Tuff	909	at (	557-2360)
Name of Person	Area Code		Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee     \$78.75 Filing Fee & Certificate of Status     \$78.75 Filing Fee & Certified Copy     \$87.50 Filing Fee, Certificate of Status & Certified Copy



RECEIVED

AUG 14 2018

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 8, 2018

CAROLYN TUFF  
1901 W. LUGONIA AVE, SUITE 340  
REDLANDS, CA 92374

SUBJECT: RENOVIS SURGICAL TECHNOLOGIES, INC.  
Ref. Number: W18000071821

We have received your document for RENOVIS SURGICAL TECHNOLOGIES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$650.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 918A00016271

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

2018 AUG 21 PM 2:52

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. Renovis Surgical Technologies, Inc
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co." or "Corp.")

2. California (State or country under the law of which it is incorporated)
3. 45-4122814 (FEI number, if applicable)

4. 12/27/2011 (Date of incorporation)
5. (Date of duration, if other than perpetual)

6. 1/1/2017 (Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1901 W. Lugonia Ave, Suite 340, Redlands, CA 92374
(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: InCorp Services, Inc.
Office Address: 17888 67th Court North
Loxahatchee, Florida 33470
(City) (Zip code)

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TALLAHASSEE, FLORIDA

9. 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.

Keri Sandler
(Registered agent's signature)
Keri Sandler on behalf of InCorp Services, Inc.

10. 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.

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

**A. DIRECTORS**

Chairman: John C. Steinmann, DO

Address: 1901 W. Lugonia Ave, Suite 340

Redlands, CA 92374

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

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

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

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

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

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**B. OFFICERS**

President: John C. Steinmann, DO

Address: 1901 W. Lugonia Ave, Suite 340

Redlands, CA 92374

Vice President: \_\_\_\_\_

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

Secretary: Charles C. Edwards, MD

Address: 1901 W. Lugonia Ave, Suite 340, Redlands, CA 92374

Treasurer: Eric Steinmann

Address: 1901 W. Lugonia Ave, Suite 340, Redlands, CA 92374

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. John C. Steinmann, DO President/CEO

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

**State of California**  
**Secretary of State**

CERTIFICATE OF STATUS

ENTITY NAME:

RENOVIS SURGICAL TECHNOLOGIES, INC.

FILE NUMBER: C3438481  
FORMATION DATE: 12/27/2011  
TYPE: DOMESTIC CORPORATION  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to  
exercise all of its powers, rights and privileges in the State of  
California.

No information is available from this office regarding the financial  
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of  
California this day of May 16, 2018.

A handwritten signature in black ink, appearing to read "Alex Padilla".

ALEX PADILLA  
Secretary of State