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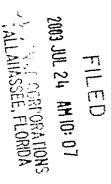
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DUANE MORRIS

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MARIANNE ANSEL

www.duanemorris.com

July 23, 2003

VIA FEDEX

DIRECT DIAL: 215.979.1224

E-MAIL: www.ansel@duanemorris.com

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Re:

Immuna Care Corporation Our File No. E0797-01000

Dear Sir/Madam:

Please find enclosed an Application by Foreign Corporation For Authorization to Transact Business in Florida for filing on behalf of Immuna Care Corporation. Also enclosed is the required good standing certificate, together with a check in the amount of \$70.00 made payable to the Florida Department of State to cover your filing fee.

Kindly return a copy of the Application to my attention once it has filed. If you have any questions regarding this matter, do not hesitate to contact me. Thank you for your help in this regard.

Sincerely,

Marianne Ansel

narianne ansel

Paralegal

/mea Enclosures cc: Kathleen M. Shay, Esquire PH1\[112684.1

TRANSMITTAL LETTER

	stration Section sion of Corporations		
SUBJECT:	Immuna Care Corporation		
SCHOLCI.		oration - must include suffix)	
Dear Sir or M	Aadam:		
"Certificate of	I "Application by Foreign Corporation of Existence", and check are submittenusiness in Florida.		
Please return	all correspondence concerning this r	natter to the following:	
Marianne J	Ansel, Paralegal	· · · · · · · · · · · · · · · · · · ·	
	(Nar	ne of Person)	
Duane Mor:	ris LLP		
	(Fir	n/Company)	17.C2 F
One Libert	tv Place		1000 至
<u> </u>		(Address)	220
		•	
Philadelph		State and Zip code)	70
	(0.5).	rate and Elip Godo)	
For further in	nformation concerning this matter, ple	ease call:	
Marianne 1	Ansel, Paralegal at (215. \979-1224	
		Area Code & Daytime Telephone	Number)
STREET AI Registration of O Division of O 409 E. Gaine Tallahassee,	Section Corporations es St.	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a	check for the following amount:		
🗷 \$70.00 Fi	ling Fee		\$87.50 Filing Fee, Certificate of Status & Certified Copy

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.	Immuna Car	re Corporation				
((Name of corp	oration; must include th	ie word "INCORPOR	ATEI	", "COMPANY", "CORPORATION" or	و ــــــــــــــــــــــــــــــــــــ
7	words or abbre	eviations of like import	in language as will cle	arly i	ndicate that it is a corporation instead of a	- To 1
r	natural person	or partnership if not so	contained in the name	at pr	esent.)	THE STATE OF ALL PROPERTY OF A
						100 C. C
2. 3	Pennsylvar	nia		3.	23-2521657	
(5	State or counts	ry under the law of whi	ch it is incorporated)		(FEI number, if applicable)	70.
•			• ,		(=	929, 3
4.	June 24, 3	1988		5. E	erpetual	18 18 18 18 18 18 18 18 18 18 18 18 18 1
_	(Da	ate of incorporation)			Duration: Year corp. will cease to exist or	"perpetual")
	•	• ′			· · · · · · · · · · · · · · · · · · ·	100 mm
6.	Upon qual:	ification				
(1	Date first trans	acted business in Flori	da. If corporation has	not tr	ansacted business in Florida, insert "upon q	ualification."
·		(S	EE SECTIONS 607.1:	501. 6	507.1502 and 817.155, F.S.)	,
		`		,	,	
7	650 Sentry	y Parkway, Suite	One, Blue Bell	L, P.	A 19422	
	-		(Principal office a			
			(,	
_6	650 Sentry	Parkway, Suite	One, Blue Bell	, P	19422	
			(Current mailing a	addre:	SS)	
	Research	and development	of immunology-	sasc	d diagnostic test kits for ea	rly
8.	detection	and clinical ma	magement of car	ncer	and related diseases.	
	(Purpose	(s) of corporation auth	orized in home state or	r cour	atry to be carried out in state of Florida)	
					,	
9. I	Name and st	reet address of Flor	ida registered ager	it: (I	O. Box or Mail Drop Box NOT accept	table)
			•			,
	Name:	Thomas L. Klug				
					-	-
Offi	ice Address:	13654 North 12	th Street. Suit	e 3		
U 111	100 1 1441 055.		<u> </u>			-· .
		_			Til and de	
		Tampa (City	·		, Florida_33613	.4
		(City	,		(Zip code)	
		agent's acceptance:				
Har	ving been na	med as registered ag	ent and to accept se	ervice	of process for the above stated corpor	ration at the place
desi	ignated in th	is application, I here	by accept the appoi	intme	ent as registered agent and agree to ac	in this capacity. I
furt	ther agree to	comply with the pro	visions of all statute	es rel	ative to the proper and complete perfo	rmance of my
					ny position as registered agent.	3 0
		•	1	٠,		
			1.8/	1	<i>/ </i>	
		Thomas L. Kluq	M		<i>N</i> . /	
			Manuel	ø.	1 hus	
			(Dagistand c			
			(Registered agent'	s sign	acure) //	
7.7	Attached in	a aantifiaata af anista	maa dules authau-ttt		V	. Martin
11.	Auauneu is	a certificate of existe	nce dury admendest	cu, n	ot more than 90 days prior to delivery o	it 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.

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

A. DIR	ECTORS
Chairman	r:
Address:	
•	
Vice Cha	irman:
Address:	
Director:	Thomas L. Klug
	c/o Immuna Care Corporation
	13654 N. 12th Street, Suite 3, Tampa, Florida 33613
Director:	Gary Mankin
Address:	c/o Immuna Care Corporation
	650 Sentry Parkway, Suite One, Blue Bell, PA 19422
B. OFF	TICERS
President	Thomas L. Klug
Address:	c/o Immuna Care Corporation
	13654 N. 12th Street, Suite 3, Tampa, Florida 33613
Vice Pres	sident: Gary Mankin
Address:	c/o Immuna Care Corporation, 650 Sentry Parkway, Suite One, Blue Bell, PA 19422
Secretary	: Gary Mankin
Address:	c/o Immuna Care Corporation, 650 Sentry Parkway, Suite One, Blue Bell, PA 19422
Treasurer	Gary Mankin
Address:	c/o Immuna Care Corporation, 650 Sentry Parkway, Suite One, Blue Bell, PA 19422
	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 The	omas L. Klug, President
A=F	(Tuned or printed name and canacity of person signing application)

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

April 25, 2003

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

MB ULZ MOOR TONS

I DO HEREBY CERTIFY THAT,

IMMUNA CARE CORPORATION

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

ACTING Secretary of the Commonwealth

dpos