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DIVISION OF CORPORATIONS

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### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: ICON Clinical Research. (Name	of corporation - must include suffix)	
Dear Sir or Madam:		
The enclosed "Application by Foreign C "Certificate of Existence", and check are to transact business in Florida.	corporation for Authorization to Transact B submitted to register the above referenced	foreign corporation
Please return all correspondence conce	erning this matter to the following:	OS OCT -7 PM
Chris Janoski, Tax Manager	(Name of Person)	7 200
	(Name of Person)	* 2:
ICON Clinical Research, Inc.	(F) 10	
	(Firm/Company)	ယ်
212 Church Road	<u></u>	
· · · · · · · · · · · · · · · · · · ·	(Address)	
North Wales, PA 19454		
	(City/State/Zip)	
For further information concerning this matte	er, please call:	
Chris Janoski	at 215-616-3308	
(Name of Person)	(Area Code & Daytime Telephone Num	nber)
STREET ADDRESS: Registration Section	MAILING ADDRESS:	
Division of Corporations	Registration Section Division of Corporations	
409 E. Gaines St.	P. O. Box 6327	
Tallahassee, FL 32399	Tallahassee, FL 32314	
Enclosed is a check for the following am	ount:	
\$70.00 Filing Fee \$ Certificate of Status	\$78.75 Filing Fee & X \$87.50 Filing Fee Certified Copy Certificate of Sta 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.	ICON Clinical Research, 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.	Pennsylvania 3. 23-2689156 (State or country under the law of which it is incorporated) (FEI number, if applicable)	, chapter
4.	May 28, 1992  (Date of incorporation)  5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")	
6.	January 1, 2003 (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.)  212 Church Road, North Wales, PA 19454 (Home Office)  (Principal office address)	FR
7.	212 Church Road, North Wales, PA 19454 (Home Office) (Principal office address)	高高
	3111 W, Martin Luther King Blvd., Tampa, FL 33507-6233 (Local Office) (Current mailing address)	ORP STAT
8.	Contract research and related services	ONS.
	(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	
9.	Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	
s.	Name: CT Corporation System	; *** *
0	ffice Address: 1200 South Pine Island Road	• • =
	Plantation, Florida 33324 (City) (Zip Code)	
	Registered agent's acceptance:  ving been named as registered agent and to accept service of process for the above stated corporation at the place	
	villy been maneu as registered agent and to accept service of process for the same of succession as an process	

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.

(Registered agent's signature)

Tames Newsome, Asst See'y

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.

12. Names and business addresses of officers and/or directors:					RIA2
A. DIRECTORS					
Chairmanwilliam Taaffe					
Address: 115 E. Park Drive, Suite 200					· , <u>p.</u>
Brentwood, TN 37027	<del></del> .			<u>.</u>	
Vice Chairman David Peters	· · ·	<del>-,:-</del>		ă»	<u> </u>
Address: 212 Church Road		<u> </u>			· <del>-</del>
North Wales, PA 19454	<u>.                                    </u>	·	<u></u>		<u> </u>
Director: Dr. John Climax	<u> </u>		<del></del>		<u> </u>
Address: South County Business Park	<u> </u>	<u> </u>			
Leopardstown, Dublin 18, Ireland					
Director: Dr. Ronan Lambe	···				<u> </u>
Address: South County Business Park				_	·
B. <u>Leopardstown</u> , <u>Dublin 18</u> , <u>Ireland</u>				品	NISE
OFFICERS				3 pc7 - 1	验
President:william Taaffe		<del> ;</del>	=		-001
Address: 115 E. Park Drive, Suite 200			<u> </u>		STATE OF A
Brentwood, TN 37027					5
Vice President: <u>David Peters</u>					
Address: 212 Church Road					
North Wales, PA 19454		•		=	ae
SecretaryDavid Peters			_3 _4_	<u></u> ,	لمگام ش
Address 212 Chunch Bood Nouth Wales DR 10454					

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. David Peters

TreasurerDavid Peters

Address: 212 Church Road

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

September 11, 2003

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

#### ICON CLINICAL RESEARCH, INC.

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

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.

Secretary of the Commonwealth