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GMP Wireless Medicine, Inc.

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Corporate Filing

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.

(Enter name of corporation; must include "INCORPORAT" "Inc.," "Co.," "Corp," "Inc.," "Co," or "Corp.")	red," "company," "corporation,"
(If name unavailable in Florida, enter alternate corporate n	name adopted for the purpose of transacting business in Florida)
2 DELAWARE	3, 65-1079987
(State or country under the law of which it is incorporated)	(FEi number, if applicable)
	(FEI number, if applicable)
4. JUNE 26, 2000 (Date of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION	The state of the s
(Date first transacted business in Florida. If corporation ha	s not transacted business in Florida, insert "upon qualification.")
	1/01 /07 1 f00 1 017 1 f f F F S S S S S S S S S S S S S S S S
7. ONE EAST BROWARD BLVD., SUITE 1701, FT. LAUI	
(Principal office	· · · · · · · · · · · · · · · · · · ·
` -	
ONE EAST BROWARD BLVD., SUITE 1701, FT. LAUD (Current mailing	
(Current maning	acciness)
a To transport and and all laught hundred for which commend	ione was be confided under the Floride Statemen
 To transact any and all lawful business for which corporation (Purpose(s) of corporation authorized in home state 	
(r mbossés) or corbotation admonized in nouse state of	or commity to be carried out its state or ribitially
9. Name and street address of Florida registered ager	nt: (P.O. Box or Mail Drop Box NOT acceptable)
Name: CT Corporation System	· · · · · · · · · · · · · · · · · · ·
Office Address: 1200 South Pine Island Road	
	70.10
Plantation (City)	, Florida 33324 (Zip code)
(City)	(Zip code)
 Registered agent's acceptance: Having been named as registered agent and to accept so designated in this application. I hereby accept the apparent 	ervice of process for the above stated corporation at the place intment as registered agent and agree to act in this capacity. I
further agree to comply with the provisions of all statut	es 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.
CV Corporation System	
	PETER F. SOUZA
	ASSISTANT SECRETARY
(Registered agent's signati	uce)

- 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:

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A. DIRECTORS

Director	BART CHERNOW, M.D.			
	ONE BAST BROWARD BLVD., SUITE 1701			_
	FT. LAUDERDALB, FL 33301			
Director:	MICHAEL SALEM, M.D.			_
Address:	ONE EAST BROWARD BLVD., SUITE 1701	· · · · · · · · · · · · · · · · · · ·		_
,	FT. LAUDERDALE, FL 33301	···		
Director:	RUDYARD ISTVAN			_
Address:	ONE EAST BROWARD BLVD., SUITE 1701		75	
	FT. LAUDERDALE, FL 33301	<u> </u>	8344	
Director:	SPENCER KING III, M.D.	-8 -	8	<u> </u>
Address:	C/O CARDIOLOGY OF GEORGIA	7. 25. 7. 7.55 7. 7.55	 വ	<u>-</u> -
	95 COLLIER ROAD NW, SUITE 2075, ATLANTA, GA 30309	HO.	X.	_
B. OFF	ICERS		:37	
President	BART CHERNOW, M.D.		· · · · · · · · · · · · · · · · · · ·	
Address:	ONE EAST BROWARD BLVD., SUITE 1701		··	_
	FT. LAUDERDALE, FL 33301			<u>.</u> .
Vice Pres	ident: MICHAEL SALEM, M.D.			
Address:	ONE EAST BROWARD BLVD., SUITE [70]			_
	FT. LAUDERDALE, FL 33301			
Secretary	IEFFREY RANEY			
Address:	ONE EAST BROWARD BLVD., SUITE 1701, PT. LAUDERDALE, FL 33301		·	
Treasurer	HOLGER WEIS			_
Address;	ONE EAST BROWARD BLVD., SUITE 1701, FT. LAUDERDALE, FL 33301	<u> </u>	·	_
NOTE:	If necessary you may attach an addendum to the application listing additional officers and/or	directors.		
7	(Signature of Director or Officer listed in number 12 of the application)			
14. <u>JEFF</u>	REY RANEY, SECRETARY	······		
	(Typed or printed name and capacity of person signing application)			

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GMP WIRELESS MEDICINE, 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 TWENTY-THIRD DAY OF FEBRUARY, A.D. 2004.

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

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

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2944178

DATE: 02-23-04

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