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Florida Department of State
Division of Corporations
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FOREIGN PROFIT/NONPROFIT CORPORATION

Medical Products Laboratories, Inc.

Certificate of Status	0
Certified Copy	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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J. Shivers FEB 02 2010

4-10000020910-3

**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. MEDICAL PRODUCTS LABORATORIES, INC.

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

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. PENNSYLVANIA

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

3. 23-1875679

(FEI number, if applicable)

4. 2/26/1971

(Date of incorporation)

5. PERPETUAL

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

6. UPON QUALIFICATION

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

7. 9990 GLOBAL ROAD, PHILADELPHIA, PENNSYLVANIA 19115

(Principal office address)

9990 GLOBAL ROAD, PHILADELPHIA, PENNSYLVANIA 19115

(Current mailing address)

8. any activity or business permitted under the laws of the State of Florida

(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 NOT acceptable)

Name: **ELLIOT STONE**

Office Address: **19707 TURNBERRY WAY, PH A/B**

AVENTURA

(City)

Florida 33180

(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.

(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:

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A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____
_____**B. OFFICERS**President: ELLIOT STONEAddress: 9990 GLOBAL ROAD, PHILADELPHIA, PENNSYLVANIA 19115

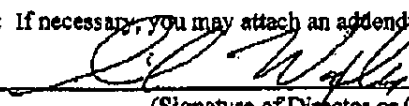
Vice President: _____

Address: _____
_____Secretary: DAVID WAXLERAddress: 9990 GLOBAL ROAD, PHILADELPHIA, PENNSYLVANIA 19115

Treasurer: _____

Address: _____

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

13. 

(Signature of Director or Officer listed in number 12 of the application)

14. DAVID WAXLER ASS. SECRETARY

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

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COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

JANUARY 29, 2010

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

MEDICAL PRODUCTS LABORATORIES, INC.

Is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation 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.

Pedro A. Cortis

Secretary of the Commonwealth

Certification Number: 8552876-1

Verify this certificate online at <http://www.corporations.state.pa.us/corp/soskb/verify.asp>

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