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Florida Department of State
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Division of Corporations
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From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
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FOREIGN PROFIT/NONPROFIT CORPORATION
Comprehensive Clinical Development NW, Inc.

Certificate of Status	0
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Page Count	06
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FAX

To: DIVISION OF CORPORATIONS
Company:
Fax: 8506176381
Phone:

From: Jeanine Reynolds
Fax:
Phone: (850) 521-0821x2933
E-mail: jreynold@cscinfo.com

NOTES:

Date and time of transmission: Wednesday, April 20, 2011 9:34:08 AM
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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Comprehensive Clinical Development NW, 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:

Beatrice Kwok
Name of Person

c/o Riker, Danzig, Scherer, Hyland & Perretti LLP
Firm/Company

1 Speedwell Avenue, Headquarters Plaza
Address

Morristown, NJ 07962
City/State and Zip code

bkwok@riker.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Beatrice Kwok at (973) 451-8547
Name of Person Area Code & Daytime Telephone Number

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STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
New Filing 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

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. Comprehensive Clinical Development NW, 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. Washington
(State or country under the law of which it is incorporated)

3. 91-2113356
(FEI number, if applicable)

4. 01/08/2001
(Date of incorporation)

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

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

7. 3261 Enterprise Way, Miramar, FL 33025
(Principal office address)

c/o Comprehensive NeuroScience, Inc., 88 Park Avenue, Suite 2A, Nutley, New Jersey 07110
(Current mailing address)

8. Clinical Research
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (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.

Corporation Service Company

By: Jeanine Reynolds as its 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.

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

A. DIRECTORS

Chairman: _____

Address: _____

_____

Vice Chairman: _____

Address: _____

_____

Director: David Dantzker

Address: c/o Comprehensive NeuroScience, Inc., 88 Park Avenue, Suite 2A

Nutley, New Jersey 07110

Director: David Eichler

Address: c/o Comprehensive NeuroScience, Inc., 88 Park Avenue, Suite 2A

Nutley, New Jersey 07110

B. OFFICERS

President: Alicia Craig-Rodriguez

Address: c/o Comprehensive NeuroScience, Inc., 88 Park Avenue, Suite 2A

Nutley, New Jersey 07110

Vice President: _____

Address: _____

_____

Secretary: Noah Pranzblau

Address: Comprehensive NeuroScience, Inc. 88 Park Avenue, Suite 2A, Nutley, New Jersey 07110

Treasurer: _____

Address: (SEE ATTACHED SHEET FOR ADDITIONAL DIRECTORS AND OFFICERS)

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

13. _____
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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.

14. Noah Pranzblau, Secretary
(Typed or printed name and capacity of person signing application)

Attachment to Florida Application by Foreign Corporation for Authorization to Transact Business in Florida

Comprehensive Clinical Development NW, Inc.

A. Directors (*continued*)

Director: John Docherty
Address: c/o Comprehensive NeuroScience, Inc., 88 Park Avenue, Suite 2A Nutley, New Jersey 07110

Director: John J. McGovern
Address: c/o Comprehensive NeuroScience, Inc., 88 Park Avenue, Suite 2A Nutley, New Jersey 07110

Director: Joseph Riley
Address: c/o Comprehensive NeuroScience, Inc., 88 Park Avenue, Suite 2A Nutley, New Jersey 07110

Director: Steven C. Rodger
Address: c/o Comprehensive NeuroScience, Inc., 88 Park Avenue, Suite 2A Nutley, New Jersey 07110

Director: Marvin Moser
Address: c/o Comprehensive NeuroScience, Inc., 88 Park Avenue, Suite 2A Nutley, New Jersey 07110

Director: Stephen Krupa
Address: c/o Comprehensive NeuroScience, Inc., 88 Park Avenue, Suite 2A Nutley, New Jersey 07110

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B. Officers (*continued*)

Chief Executive Officer: John J. McGovern
Address: c/o Comprehensive NeuroScience, Inc.
88 Park Avenue, Suite 2A
Nutley, New Jersey 07110

Controller: Margarita Morales-Perez
Address: c/o Comprehensive NeuroScience, Inc.
88 Park Avenue, Suite 2A
Nutley, New Jersey 07110

UNITED STATES OF AMERICA

The State of Washington

Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

COMPREHENSIVE CLINICAL DEVELOPMENT NW, INC.

I FURTHER CERTIFY that the records on file in this office show that the above named Profit Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 1/8/2001.

I FURTHER CERTIFY that as of the date of this certificate, COMPREHENSIVE CLINICAL DEVELOPMENT NW, INC. remains active and has complied with the filing requirements of this office.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Date: April 19, 2011

UBI: 602-089-368

THE SEAL OF THE STATE OF WASHINGTON 1889

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed

Sam Reed, Secretary of State