

CT CORPORATION

B02000000059

CORPORATION(S) NAME

Innovex Support Services Limited Partnership

FILED
02 FEB 28 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- | | | |
|---|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input checked="" type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input checked="" type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

RECEIVED
02 FEB 28 AM 11:01
DIVISION OF CORPORATION
BK

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

2/28/02

FILE SECOND

Order#: 5136391
400005026324--9
-02/28/02--01017--016
*****87.50 *****87.50
Ref#: 400005026324--9
-02/28/02--01017--017
*****17.50 *****17.50
Amount: \$ _____

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

Florida Department of State, Sandra B. Mortham, Secretary of State

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Innovex Support Services Limited Partnership
(Name of limited partnership as it is in the home state)
2. N/A
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")
3. North Carolina 4. 6/6/01
(State of Formation) (Date of Formation)
5. C T Corporation System
(Name of Registered Agent for Service of Process)
6. c/o C T Corporation System, 1200 South Pine Island Road
(Street Address of Registered Office)
Plantation, Florida 33324
(City) (Zip Code)
7. Acceptance by the Registered Agent for Service of Process:
C T Corporation System
Dale W. Morris **DALE W. MORRIS**
(Agent must sign on this line) **ASSISTANT VICE PRESIDENT**
8. C T Corporation System
225 Hillsborough Street, Raleigh, NC 27603
(Address of registered office required in state of formation or, if not required, address of principal office.)
9. NAMES OF GENERAL PARTNERS STREET ADDRESS
Quintiles Pacific, Inc. 10201 Wateridge Circle
F02000001075 San Diego, CA 92121
10. Innoex (North America), Inc. SAME AS 12
(Office where Names, Addresses and Contributions of Limited Partners are kept.)
11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

CONTINUED

12. Innovex (North America), Inc.

10 Waterview Boulevard, Parsippany, NJ 07054
(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

This 18 day of February, 2002

Quintiles Pacific, Inc.
STATE OF NORTH CAROLINA

General Partner

Thomas C. Perkins
Assistant Secretary

COUNTY OF ORANGE

On this 18 day of February, 2002

Thomas C. Perkins personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Sharon J. Baker
(Notary Public Signature)

Sharon J. Baker
(Notary's Printed Name)

Seal

My Commission Expires: 3/16/05

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Thomas C. Perkins,
a general partner of Innovex Support Services Limited Partnership, a (an) North Carolina
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 10,000.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 10,000.

Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

This 18 day of February, 2002.

Quintiles Pacific, Inc.

General Partner

Thomas C. Perkins
Assistant Secretary

STATE OF NORTH CAROLINA

COUNTY OF ORANGE

On this 18 day of February, 2002,

Thomas C. Perkins, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Sharon J. Baker
(Notary Public Signature)

Sharon J. Baker
(Notary's Printed Name)

Seal

My Commission Expires: 3/16/05