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TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: CLINICAL RESULTS, INC.
(Name of corporation - must include suffix)

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-02/12/01--01143--003
*****70.00 *****70.00

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", 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:

KANDY LEE ALLEN, ESQ
(Name of Person)

C.R.I., a division of Thane Int'l, Inc.
(Firm/Company)

78-140 CALLE TAMPICO
(Address)

LA QUINTA, CA 92253
(City/State/Zip)

Should you need to call someone concerning this matter, please call:

LUMIKO BAYS at (760) 777-0217 x 214
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien 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

FILED
00 FEB 12 PM 8:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mt
2/16

**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. CLINICAL RESULTS, 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. DELAWARE 3. 94-3379635
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. NOVEMBER 8, 2000 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. JANUARY 1, 2001
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 78-140 CALLE TAMPICO, LA QUINTA, CA 92253
78-140 CALLE TAMPICO, LA QUINTA, CA 92253
(Current mailing address)
8. LAB WORK AND ANY LAWFUL ACT OR ACTIVITY ALLOWED
UNDER FLORIDA AND DELAWARE CORPORATION LAW
(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 or Mail Drop Box **NOT** acceptable)
Name: DAVID POLLOCK
Office Address: 5900 CENTRAL AVE., SUITE K
ST. PETERSBURG, , Florida, 33707
(Zip code)

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TALLAHASSEE, FLORIDA

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.

[Signature]
(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 addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

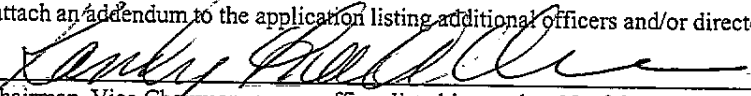
A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: BILL HAY
Address: 178-140 CALLE TAMPICO
LA QUINTA, CA 92253
Vice Chairman: DENISE KOVAC
Address: 178-140 CALLE TAMPICO
LA QUINTA, CA 92253
Director: DAVID POLLOCK
Address: 5900 AVENUE, STE K
ST PETERSBURG, FL 33707
Director: _____
Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: DAVID POLLOCK, PRESIDENT
Address: 5900 AVENUE, STE K
ST. PETERSBURG, FL 33707
Vice President: DENISE KOVAC, VICE PRESIDENT
Address: 178-140 CALLE TAMPICO
LA QUINTA, CA 92253
Secretary: KANDY ALLEN, CORPORATE SECRETARY
Address: 178-140 CALLE TAMPICO
LA QUINTA, CA 92253
Treasurer: BOB MEDNICK, CFO / TREASURER
Address: 1499 E. PALMETTO PARK RD, STE 212
BOCA RATON, FL 33486

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. KANDY LEE ALLEN
(Typed or printed name and capacity of person signing application)

State of Delaware
Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CLINICAL RESULTS, 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-SECOND DAY OF DECEMBER, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

FILED
00 FEB 12 PM 8:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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Edward J. Freel, Secretary of State

AUTHENTICATION: 0874916

DATE: 12-22-00