

# F01000001953

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MED 3000 CLINICAL SOLUTIONS, INC.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

200003962352--3  
-04/06/01--01042--001  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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:

ROBERT YATES PA-C  
(Name of Person)  
MED 3000 CLINICAL SOLUTIONS, INC.  
(Firm/Company)  
61160 North Davis Hwy. Suite 12  
(Address)  
PENSACOLA, FL. 32504  
(City/State and Zip code)

For further information concerning this matter, please call:

ROBERT YATES PA-C at (850) 471-1301  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Registration 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  
01 APR -6 AM 11:50  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

cf

**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. MED 3000 CLINICAL SOLUTIONS, 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. 51-0379836  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. Dec. 22, 1997 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Jan 01, 2001  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 680 Andersen Dr. Foster Plaza 10. Pittsburgh, PA. 15220  
(Principal office address)  
6160 North Davis Hwy. Suite 12 Pensacola, FL. 32504  
(Current mailing address)
8. Clinical Research  
(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: ROBERT YATES  
Office Address: 6160 N. DAVIS HWY. Suite 12  
Pensacola, Florida 32504  
(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.*



(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.

**FILED**  
**01 APR -6 AM 11:50**  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: ROBERT YATES PA-C

Address: 6160 North Davis Hwy. Suite 12  
Pensacola, FL 32504

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: Patrick Hampson

Address: 680 Andersen Dr. Foster Plaza 10  
Pittsburgh, PA. 15220

Vice President: Paul McLeod MD

Address: 5020 Commerce Park Circle  
Pensacola, FL 32505

Secretary: Math Roslin

Address: 680 Andersen Dr. Foster Plaza 10 Pittsburgh, PA. 15220

Treasurer: Dave Dillon

Address: 680 Andersen Dr. Foster Plaza 10 Pittsburgh, PA. 15220

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

13. Paul A. McLeod

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. PAUL A. McLEOD MD Chief Medical Officer

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

FILED  
01 APR - 6 AM 11:50  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*State of Delaware*  
*Office of the Secretary of State* PAGE 1

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MED3000 CLINICAL SOLUTIONS, 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-NINTH DAY OF MARCH, A.D. 2001.

FILED  
01 APR -6 AM 11:50  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 1053136

010149252

DATE: 03-29-01