Division of Corporations

F01000054112

Florida Department of State

Division of Corporations

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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)521-1030

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FOREIGN PROFIT QUALIFICATION

OPTION MED, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	$78.75

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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

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1. Option Med, 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
(State or country under the law of which it is incorporated)

3. 36-4320238
(FEI number, if applicable)

4. July 14, 1999
(Date of incorporation)

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

6. Upon qualification
(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. 100 Corporate North, Suite 212
(Principal office address)

Bannockburn, IL 60015
(Current mailing address)

8. Any Lawful business
(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. Corporation Service Company

Office Address. 1201 Hays Street

Tallahassee, (City), Florida 32301-2525 (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.

Lynette Coleman
(Registered agent's signature)
Lynette Coleman as its agent

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:

A. DIRECTORS

Chairman: Rajat Rai
Address: 100 Corporate North, Suite 212
Bannockburn, IL 60015

Director: Vice Chairman: Cathy Bellehumeur
Address: 100 Corporate North, Suite 212
Bannockburn, IL 60015

Director: Carla Pondel
Address: 100 Corporate North, Suite 212
Bannockburn, IL 60015

Director:
Address:

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B. OFFICERS

President: Rajat Rai
Address: 100 Corporate North, Suite 212
Bannockburn, IL 60015

Vice President:
Address:

Secretary: Cathy Bellehumeur
Address: 100 Corporate North, Suite 212, Bannockburn, IL 60015

Treasurer: Carla Pondel
Address: 100 Corporate North, Suite 212, Bannockburn, IL 60015

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

13. [signature]
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Cathy Bellehumeur, Secretary and Director
(Typed or printed name and capacity of person signing application)

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State of Delaware

Office of the Secretary of State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OPTIONMED, 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 TENTH DAY OF OCTOBER, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 OCT 17

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 1382662

DATE: 10-10-01

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