	ACCOUNT NO. REFERENCE AUTHORIZATION COST LIMIT	: 144205	0032 8739A	HILLEL NOV 21 PH 3: DECRETARY OF STAT
ORDER DATE :	November 21, 200	1	· · ·	
ORDER TIME :	11:53 AM			
ORDER NO:	144205-005		1 5 1 1 1 1 1 1	J469162
CUSTOMER NO:	8739A		بط، ×ــــا کــــا کــــا کــــا	-ru-3102
Si Su 53	nnie J. Phillips, egel Lipman Dunay ite 801 55 Town Center Ro ca Raton, FL 334	& Shepard, ad		An NDI LO Z AON LO
	FOREIGN F			NOV 21 PK 12:56
NAME :	THERACOR PHAR		TWC •	56 ATION
<u>XXXX</u> QUALIFI	CATION (TYPE: <u>C</u>	<u>O</u>)		
PLEASE RETURN	THE FOLLOWING AS	PROOF OF FI	LING:	
				5.8

· · · · ·

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

**

1. Theracor	Pharmaceuticals, Inc.		USINESS IN THE STATE OF FLORE	
	poration; must include the word "l reviations of like import in language n or partnership if not so contained	VERSENT AND A SS OF	D", "COMPANY", "CORPORATION" or indicate that it is a corporation instead of a resent.)	Figh I C
2	Delaware	3	51-0412350	FLOT SI
(State or country under the law of which it is inco		orporated)	(FEI number, if applicable)	- Bring
408/02/01		5	Perpetual	
(D	Pate of incorporation)		(Duration: Year corp. will cease to exist or	"pernetual")
	alification.			
	sacted business in Florida. If corp (SEE SECTI) 11th Place, Coral Sprin	UNS 007.1501,	ransacted business in Florida, insert "upon 607.1502 and 817.155, F.S.) 33071	qualification.")
	(Princ	ipal office addre	ss)	
11840 NW	11th Place, Coral Sprin	gs, Florida	33071	
	(Curre	ent mailing addre	ss)	
	ceutical Manufacturing			
(Purpose	e(s) of corporation authorized in h	ome state or cour	ntry to be carried out in state of Florida)	
9. Name and <u>st</u>	treet address of Florida regist	tered agent: (I	P.O. Box or Mail Drop Box <u>NOT a</u> ccep	otable)
Name:	Haiyung Cheng			
Office Address:	11840 NW 11th Place		·	
	Coral Springs		, Florida 33071	
	(City)	<u> </u>	(Zip code)	

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.

Haiyung Cheng (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

hairman: Haiyung Cheng	
ddress: 11840 NW 11th Place	
Coral Springs, FL 33071	AFE
ice Chairman:	ALL OF
ddress:	SEE O
	FLOT 3
rector: Benjamin M. Chien	FLORIDA FLORIDA
ddress: 11840 NW 11th Place	
Coral Springs, FL 33071	
rector:	
ldress:	
. OFFICERS	······································
esident: Haiyung Cheng	
dress: 11840 NW 11th Place	
ce President:	
	<u> </u>
dress:	
Weihong Shen	
retary: Weihong Shen	
wetang Weihong Shen	

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

14. Haiyung Cheng, President

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

State of Delaware Office of the Secretary of State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THERACOR PHARMACEUTICALS, 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 SIXTEENTH DAY OF NOVEMBER, A.D. 2001.

AND I DO HEREBY_FURTHER CERTIFY THAT THE SAID "THERACOR PHARMACEUTICALS, INC. WAS INCORPORATED ON THE SECOND DAY OF AUGUST, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES



Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 1452094



DATE: 11-16-01