

F02000003969



ACCOUNT NO. : 072100000032

REFERENCE : 681389/7344924

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE : August 2, 2002

ORDER TIME : 10:18 AM

ORDER NO. : 691389-005

CUSTOMER NO: 7344924

CUSTOMER: Mr. David .. Fitzgerald
Mr. David Fitzgerald
1328 Tall Maple Loop

Oviedo, FL 32765

FILED
02 AUG -5 PM 2:02
RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02 AUG -5 AM 11:39

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FOREIGN FILINGS

500006885675--8

NAME: PHARMACEUTICAL SOLUTIONS, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

Name	XX	PLAIN STAMPED COPY
Availability		
Document Examiner	DCC	
Locator	DCC	
Locator verifier	DCC	
Acknowledgement	DCC	
W. P. Verifier	DCC	

CONTACT PERSON: Norma Hull -- EXT# 1115

EXAMINER: _____

F02000003969

**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. PHARMACEUTICAL 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. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 07-25-02 5. PERPETUAL
(Date of incorporation) (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. 1328 TAIL MAPLE LOOP, OUIDO, FL 32765
(Principal office address)

1328 TAIL MAPLE LOOP, OUIDO, FL 32765
(Current mailing address)

8. SERVICE-BASED COMPANY
(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, Florida 32301
(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.

Laura R. Dunlap
as its agent

Corporation Service Company

Laura R. Dunlap

(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

Chairman: Keri Hurrell Fitzgerald

Address: 1328 TALL MAPLE LOOP
Oviedo, FL 32765

Vice Chairman: DAVID LAWRENCE FITZGERALD

Address: 1328 TALL MAPLE LOOP
Oviedo, FL 32765

Director:

Address: N/A

Director:

N/A

Address:

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: Keri Hurrell Fitzgerald

Address: 1328 TALL MAPLE LOOP
Oviedo, FL 32765

Vice President: DAVID LAWRENCE FITZGERALD

Address: 1328 TALL MAPLE LOOP
Oviedo, FL 32765

Secretary: Keri Hurrell Fitzgerald

Address: 1328 TALL MAPLE LOOP, Oviedo, FL 32765

Treasurer: DAVID LAWRENCE FITZGERALD

Address: 1328 TALL MAPLE LOOP, Oviedo, FL 32765

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.

DAVID L. FITZGERALD,

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

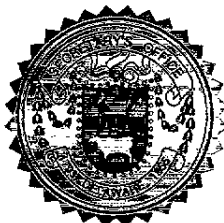
Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PHARMACEUTICAL 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 SECOND DAY OF AUGUST, A.D. 2002.

FILED
AUG - 5 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

3551558 8300

AUTHENTICATION: 1919060

020494504

DATE: 08-02-02