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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

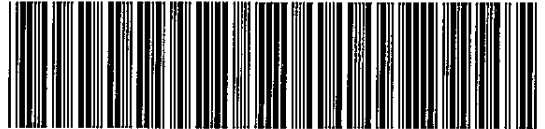
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 JAN 31 PM 3:07

STATE
CORPORATIONS
FLORIDA

2-3-03

CT CORPORATION

January 31, 2003

Secretary of State, Florida
409 East Gaines Street
Tallahassee FL 32399

Re: Order #: 5766836 SO
Customer Reference 1:
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Bridge Medical, Inc. (DE)
Qualification
Florida

File 2nd

Bridge Medical, Inc. (DE)
Post-Merger Withdrawal/Removal
Florida

Thanks
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

**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. Bridge Medical, 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. 59-3762480
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 11/01/2002 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 01/06/2003
(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. 120 South Sierra, Solana Beach, CA 92075
(Principal office address)
P.O. Box 959 Valley Forge, PA 19482
(Current mailing address)
8. Pharmaceutical services company focused on the management of high cost, complex
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) therapies.
9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box NOT acceptable)
Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(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.

C T Corporation System
By: James Newsome James Newsome, Asst. Sec'y
(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.

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

A. DIRECTORS

Chairman: SEE ATTACHMENT

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: SEE ATTACHMENT

Address: _____

Vice President: _____

Address: _____

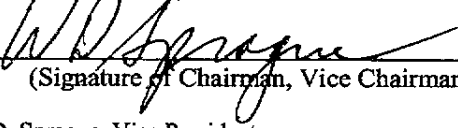
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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. William D. Sprague, Vice President
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

Bridge Medical, Inc.
Exhibit A

Directors

Title	Name	Address
Director	Michael D. DiCandilo	1300 Morris Drive Chesterbrook, PA 19087-5594
Director	Kurt J. Hilzinger	1300 Morris Drive Chesterbrook, PA 19087-5594
Director	R. David Yost	1300 Morris Drive Chesterbrook, PA 19087-5594

Officers

Title	Name	Address
President	John B. Grotting	120 South Sierra Solana Beach, CA 92075
Senior VP	Michael D. DiCandilo	1300 Morris Drive Chesterbrook, PA 19087-5594
Vice President & Corporate Treasurer	J.F. Quinn	1300 Morris Drive Chesterbrook, PA 19087-5594
Vice President & Secretary	William D. Sprague	1300 Morris Drive Chesterbrook, PA 19087-5594
Vice President	Russell F. Lewis	120 South Sierra Solana Beach, CA 92075
Vice President	Terance A. Kinninger	120 South Sierra Solana Beach, CA 92075
Assistant Secretary	Vicki L. Bausinger	1300 Morris Drive Chesterbrook, PA 19087-5594
Assistant Secretary	Scott D. Benjamin	120 South Sierra Solana Beach, CA 92075
Assistant Secretary	Daniel T. Hirst	1300 Morris Drive Chesterbrook, PA 19087-5594

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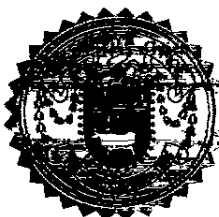
Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BRIDGE MEDICAL, 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 FOURTEENTH DAY OF JANUARY, A.D. 2003.

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



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

3586652 8300

AUTHENTICATION: 2203745

030027438

DATE: 01-14-03