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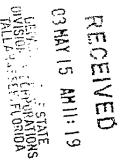
(Requestor's Name)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
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Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
NO PROBLEM WITH FIND PER GH 3/15						

Office Use Only

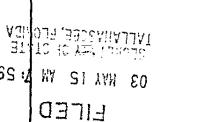


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CT CORPORATION

May 15, 2003

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

Re: Order #: 5849711 SO

Customer Reference 1: Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Medical Analysis Systems, Inc. (DE) Qualification 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.

Sincerely,

Melanie S Strickland
Fulfillment Specialist
Melanie_Strickland@cch-lis.com

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

TRANSMITTAL LETTER

TO:	Registration Se Division of Cor					-				
		Medical A	Analvsis.	 Systems	. Inc.			رين <u>بر</u>	<u>ک</u>	
SUBJ	ECT:	 				ee\		*** *********************************	-	-1]
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to tran	sact business in F	lorida.						Ę.	, pri	60
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For fur	ther information	concerning this	matter, plea	se call:						
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L	ee Ann Ward		_i-at (_ 60		929-2451					
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	ET ADDRESS:				LING ADDI					
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	Gaines St.				Box 6327		-			
Tallaha	ssee, FL 32399		-	Talla	hassee, FL 3	2314				
Enclos	ed is a check for	the following an	nount:	-						
□ \$70	.00 Filing Fee	S78.75 Filin Certificate			5 Filing Fee fied Copy	& <u> </u>	Certif	Filing I icate of ied Cop	Status	; &

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.	Medical Analy	vsis Systems	. Tnc.		. 414		•	ي .
	oration; must include the wo			OMPANY", "CO	ORPORATIO	N" or	<u>-</u>	<u>.</u> .₽-
words or abbro	eviations of like import in lar	iguage as will clea	arly indicate	that it is a corp				
natural person	or partnership if not so conta	ained in the name	at present.)			ESS 3	,	
2. <u>Dela</u>	ware		3.	03-048525	7		艺艺	, -
	ry under the law of which it i	s incorporated)	- <u> </u>	(FEI nu	nber, if applic	able) 📆 🚁	50 6	n
4 00/22	/na		·:	Parnatual	. 1 *	in.	_ 1	.;
4. 08/22,	ate of incorporation)		O. (Durati	on: Year corp.	will cease to e	xist or "perpet	jual")	•
•	•	-	in the			0	: 	
	qualification sacted business in Florida. II	C		ad business in E	Jourda incort "		<u>*************************************</u>	
(Date first trans	acted business in Florida. II	ecorporation has b ECTIONS 607.15	101 transact 501. 607.15	ed business in F 02 and 817.155.	F.S.)	ироп quannea	mon.)	
		•		· ·	=			
75300 1	Adolfo Road, Camari					., :		
	((Principal office a	ddress)	- ·	-			
5300	Adolfo Road, Camari					<u> </u>	<u> </u>	
	(Current mailing a	ddress)					
8. Manufa	cturing diagnostics	for use by	clinic	al laborat	ories			
(Purpose	e(s) of corporation authorized	d in home state or	country to	be carried out in	state of Flori	da)		
O. Nome and a	tweet address of Florida:	waatstanad naaw		or or Moil Dr	on Boy NOT	'accentable)		
y. Name and <u>s</u> i	treet address of Florida	tegisteren agen	(F.O. E	OX OF MAIL DE	ob pov 1401	_acceptante)		
Name:	C T Corporation System				engis Namer			• ••
Office Address:	1200 South Pine Island Ro	oad,		- 1 Tale	·			
	Plantation,		. — I	Florida <u>33324</u>				
	(City)				code)	•	*	
	(Olty)			(Lip	codo)			
10. Registered	agent's acceptance:							,
	imed as registered agent o							
	is application, I hereby a							ty. I
	comply with the provision familiar with and accep					e perjormano	e of my:	
uuues, unu 1 un	<i>і затише мин ана ассер</i>	_			tereu agent.			
		C T Corpora	tion Systen	t				
	0		-					
B	4: Come Byan				<u> </u>			**
	()	Registered agent's	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: SEE ATTACHED Vice Chairman: Address: Director: ___ Address: Address: **B. OFFICERS** President: ____SEE ATTACHED Vice President: Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. -- 4/17/03 (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 14. <u>David T. Della Penta, President</u>

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

Directors & Officers with Addresses

Medical Analysis Sy	stems, Inc.	_			
<u>Director</u> Kevin P. Clark David T. Della Penta Todd M. DuChene Paul M. Meister Eric Scheinerman	Title Director Director Director Director Director Director				o
Officer David T. Della Penta Eric Scheinerman	<u>Title</u> President Chief Financial Officer, V Secretary	i- - /ice President	, Treasurer	-	SEPTIMISSEE
Kevin Clark	-	- 			
Business:	Fisher Scientific International Inc Liberty Lane Hampton, NH 03842-	· =			M 7: 59
David Della Penta					
Business:	Fisher Scientific International Inc Liberty Lane Hampton, NH 03842-	• - 1 <u>-</u> - 1 <u>-</u> - 1			
Todd DuChene		·			
Business:	Fisher Scientific International Inc Liberty Lane Hampton, NH 03842-				
Paul Meister	·			- ×	
Business:	Fisher Scientific International Inc Liberty Lane Hampton, NH 03842-	• · · · · · · · · · · · · · · · · · · ·			
Eric Scheinerman		<u>-</u> -			
Business:	Medical Analysis Systems, Inc. 5300 Adolfo Road Carmarillo, CA 93012	75 — 75 — —			

PAGE 1

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDICAL ANALYSIS SYSTEMS, 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 TWELFTH DAY OF MAY, A.D. 2003.

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.

7: 59

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8300

Warriet Smith Windson Secretary of State

AUTHENTICATION: 2410726

030305505 DATE: 05-12-03