

F03000002846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

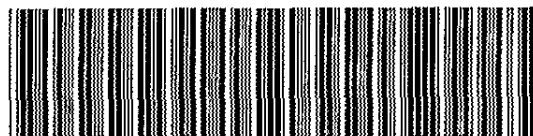
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/09/03--01028--010 **87.50

BK

RECEIVED
03 JUN -9 AM 10:56
DIVISION OF CORPORATION

FILED
03 JUN -9 PM 1:47
STATE
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

FILED
03 JUN -9 PM 1:47
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

CONTACT: ED

DATE: 06-09-03

REF. #: 1015.16688

CORP. NAME: 1. NANOBACLABS PHARMACEUTICALS, INC.

- | | | |
|---|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input checked="" type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 505381 FOR \$ 87.50

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input checked="" type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

[Signature]

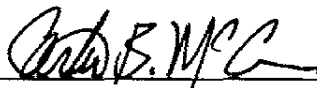
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

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. NanobacLabs Pharmaceuticals, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION"
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. 01-0751433
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 8/29/02 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. 2727 West M. L. King, Jr. Blvd., Suite 850, Tampa, FL 33607
(Principal office address)
- same
(Current mailing address)
8. pharmaceutical products
(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: Carter B. McCain, Esq.
- Office Address: 400 N. Tampa Street, Suite 2300
Tampa, Florida 33602
(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.



(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: Dr. Gary S. Mezo

Address: 2727 West M. L. King, Jr. Blvd., Suite 2300
Tampa, FL 33607

Vice Chairman: _____

Address: _____

Director: Nancy M. Schriewer-Mezo

Address: 2727 West M. L. King, Jr. Blvd., Suite 2300
Tampa, FL 33607

Director: Seth P. Slocum, Jr.

Address: 2727 West M. L. King, Jr. Blvd., Suite 850
Tampa, FL 33607

B. OFFICERS

President: Seth P. Slocum, Jr.

Address: 2727 West M. L. King, Jr. Blvd., Suite 850
Tampa, FL 33607

Vice President: Nancy M. Schriewer-Mezo

Address: 2727 West M. L. King, Jr. Blvd., Suite 2300
Tampa, FL 33607


Secretary: Seth P. Slocum, Jr.

Address: 2727 West M. L. King, Jr. Blvd., Suite 2300, Tampa, FL 33607

Treasurer: Nancy M. Schriewer-Mezo

Address: 2727 West M. L. King, Jr. Blvd., Suite 2300, Tampa, FL 33607

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. Seth P. Slocum, Jr., President
(Typed or printed name and capacity of person signing application)

FILED
JUN -9 PM 1:47
STATE
TALLAHASSEE, FLORIDA

Delaware

PAGE 1

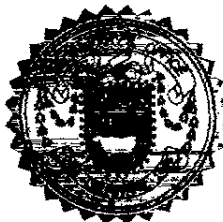
The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NANOBACLABS 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 SECOND DAY OF JUNE, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NANOBACLABS PHARMACEUTICALS, INC." WAS INCORPORATED ON THE TWENTY-NINTH DAY OF AUGUST, A.D. 2002.

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.



3564024 8300

030361148

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 2447510

DATE: 06-02-03