Division of Corporations

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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATION

FOREIGN PROFIT QUALIFICATION

OSPREY PHARMACEUTICAL COMPANY

Certificate of Status	0
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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. **OSPREY PHARMACEUTICAL COMPANY**
(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** (State or country under the law of which it is incorporated)

3. N/A (FEI number, if applicable)

4. **October 1, 2003** (Date of incorporation)

5. **Perpetual** (Duration: Year corp. will cease to exist or "perpetual")

6. **Upon qualification**
(Date first transacted business in Florida, (See Sections 607.1501, 607.1502, and 817.153, F.S.)

7. **830-13 A1A North, No. 274, Ponte Vedra Beach, Florida 32082**
(Current mailing address)

8. **Any lawful act or activity for which corporations may be organized under the Florida Statutes**
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box **NOT** acceptable)

✓

Name: **Capitol Corporate Services**

Office Address: **1533 N. Duval Street**

Tallahassee, **Florida** **32303** (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.

Gayle A. Rudle asst. sec.
(Registered agent's signature)

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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 addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable.)

A. DIRECTORS (Street address ONLY - P.O. Box NOT acceptable.)

Chairman: Stefan Borg

Address: 830-13 A1A North, No. 274, Ponte Vedra Beach, Florida 32082

Vice Chairman:

Address:

Director: Stefan Borg

Address: 830-13 A1A North, No. 274, Ponte Vedra Beach, Florida 32082

B. OFFICERS (Street address ONLY - P.O. Box NOT acceptable.)

President: Stefan Borg

Address: 830-13 A1A North, No. 274, Ponte Vedra Beach, Florida 32082

Vice President:

Address:

Secretary: Stefan Borg

Address: 830-13 A1A North, No. 274, Ponte Vedra Beach, Florida 32082

Treasurer: Stefan Borg

Address: 830-13 A1A North, No. 274, Ponte Vedra Beach, Florida 32082

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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

14. Stefan Borg, President
(Typed or printed name and capacity of person signing application)

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Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OSPREY PHARMACEUTICAL COMPANY" 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 SIXTH DAY OF FEBRUARY, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OSPREY PHARMACEUTICAL COMPANY" WAS INCORPORATED ON THE FIRST DAY OF OCTOBER, 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

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AUTHENTICATION: 2915503

DATE: 02-06-04

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