F04000002357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Psychologix® Inc.

Thomas H. Crook III, Ph.D., President & CEO

• Clinical Drug Trials • Specialized Clinical Studies • Test Development • Consultation

April 18, 2004

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Dear Sir/Madam:

Please find attached forms required by your office to register Psychologix, Inc., a Delaware Corporation, as a foreign profit corporation authorized to conduct business in Florida.

Please do not hesitate to contact me if questions arise or further information is required.

Sincerely,

Thomas H. Crook

Thomas H. Crook III, PhD

4240 Galt Ocean Drive • Suite 2003 • Fort Lauderdale, Florida 33308
Tel: 954-564-6638 • Fax 954-564-6927 • E-mail: tcrook@psychologix.com

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PSYCHOLOGIX, INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

DR. THOMAS H. CROOK
(Name of Person)

PSYCHOLOGIX, INC.
(Firm/Company)

SUITE 2003, 4240 GALT OCEAN DRIVE
(Address)

FORT LAUDERDALE, FLORIDA 33308
(City/State and Zip code)

For further information concerning this matter, please call:

DR. THOMAS CROOK at (954) 564- ~~687~~ 6857
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ $70.00 Filing Fee
- ☐ $78.75 Filing Fee & Certificate of Status
- ☐ $78.75 Filing Fee & Certified Copy
- ☑ $87.50 Filing Fee, Certificate of Status & Certified Copy

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. PSYCHOLOGIX, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DELAWARE
(State or country under the law of which it is incorporated)

3. 52-2350177
(FEI number, if applicable)

4. 30 OCTOBER 2001
(Date of incorporation)

5. PERPETUAL
(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. #2003, 4240 GALT OCEAN DRIVE
(Principal office address)

FORT LAUDERDALE, FLORIDA 33308
(Current mailing address)

8. PSYCHOLOGICAL RESEARCH
(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: DR. THOMAS H. CROOK

Office Address: #2003, 4240 GALT OCEAN DRIVE

FORT LAUDERDALE, Florida 33308
(City) (Zip code)

04 ... 7:56

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.

Thomas H. Crook
(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: THOMAS H. CROOK

Address: 1240 GALT OCEAN DRIVE # 2003

FORT LAUDERDALE, FLORIDA 33308

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: SAME

Address: _____

Vice President: _____

Address: _____

Secretary: SAME

Address: _____

Treasurer: _____

Address: _____

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

13. Thomas H. Crook
(Signature of Director or Officer listed in number 12 of the application)

14. THOMAS H. CROOK
(Typed or printed name and capacity of person signing application)

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PSYCHOLOGIX, 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 APRIL, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PSYCHOLOGIX, INC." WAS INCORPORATED ON THE THIRTIETH DAY OF OCTOBER, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

3451091 8300

AUTHENTICATION: 3051892

040273176

DATE: 04-14-04