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Division of Corporations

CT CORPORATION

P.01

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FOREIGN PROFIT QUALIFICATION

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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. MDRX, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- MEDEOREX HEALTH SERVICES, INC.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. STATE OF DELAWARE 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. JULY 1, 2004 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. 445 GRAND BAY DRIVE, UNIT 1210, KEY BISCAIYNE, FL 33149
(Principal office address)
- SAME AS ABOVE
(Current mailing address)
8. PHARMACEUTICAL RESEARCH AND DEVELOPMENT
(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: VIKTORIA BENKOVITCH
Office Address: 445 GRAND BAY DRIVE, UNIT 1210
KEY BISCAIYNE, Florida 33149
(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.

VIKTORIA BENKOVITCH

V. Benkovitch
(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. DIRECTORSChairman: NONE

Address: _____

Vice Chairman: NONE

Address: _____

Director: JACK KACHKARAddress: 445 GRAND BAY DRIVE, UNIT 1210, KEY BISCAYNE, FL 33149Director: VIKTORIA BENKOVITCHAddress: 445 GRAND BAY DRIVE, UNIT 1210, KEY BISCAYNE, FL 33149**B. OFFICERS**President: JACK KACHKARAddress: 445 GRAND BAY DRIVE, UNIT 1210, KEY BISCAYNE, FL 33149Vice President: NONE

Address: _____

Secretary: JACK KACHKARAddress: 445 GRAND BAY DRIVE, UNIT 1210, KEY BISCAYNE, FL 33149Treasurer: VIKTORIA BENKOVITCHAddress: 445 GRAND BAY DRIVE, UNIT 1210, KEY BISCAYNE, FL 33149

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

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. JACK KACHKAR, PRESIDENT AND SECRETARY

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

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Delaware

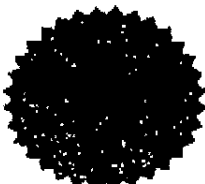
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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MDRX, 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 TWENTY-EIGHTH DAY OF SEPTEMBER, A.D. 2004.

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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

3824192 8300

AUTHENTICATION: 3378671

040700806

DATE: 09-28-04