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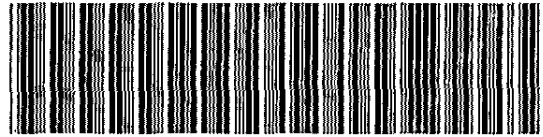
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DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Clinical Control Systems, 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:

Nona Cox
(Name of Person)
Self
(Firm/Company)
2793 N.W. Moore Rd.
(Address)
Lake City FL 32055
(City/State and Zip code)

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REGISTRY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Nona Cox at (386) 344-1077
(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. Clinical Control Systems, 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. Nevada 3. 20-2148110
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. September 13, 1999 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 2/1/05
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 6001 Broken Sound Blvd Parkway NW, Suite 620
(Principal office address)
Boca Raton FL 33487
(Current mailing address)

8. To engage in any lawful activity
(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 NOT acceptable)

Name: Graciela Guzman

Office Address: 6001 Broken Sound Parkway NW, Suite 620
Boca Raton, Florida 33487
(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:

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TALLAHASSEE, FLORIDA

A: DIRECTORS

Chairman: Jerry Katzman, M.D.
Address: 6001 Broken Sound Parkway, Suite 620
Boca Raton, FL 33487

Vice Chairman: _____
Address: _____

Director: Conrado Garcia, M.D.
Address: 6001 Broken Sound Parkway NW, Suite 620
Boca Raton FL 33487

Director: _____
Address: _____

B. OFFICERS


President: Jerry Katzman, M.D.
Address: 6001 Broken Sound Parkway, Suite 620
Boca Raton, FL 33487

Vice President: _____
Address: _____

Secretary: Graciela Guzman
Address: 6001 Broken Sound Parkway NW, Suite 620
Boca Raton FL 33487

Treasurer: Cathrine Meach
Address: 377 S. Nevada St., Carson City NV 89703

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

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CLERK OF CIRCUIT COURT
PALM BEACH COUNTY, FLORIDA

SECRETARY OF STATE



I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **CLINICAL CONTROL SYSTEMS, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since September 13, 1999, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on February 16, 2005.



DEAN HELLER
Secretary of State

By

Certification Clerk