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Florida Department of State
Division of Corporations
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TALLAHASSEE, FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION

Virgin Life Care, Inc.

Certificate of Status	0
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Estimated Charge	$70.00

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C.L. 3-9

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. Virgin Life Care, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc," "Co." or "Corp.")

(If name unavailable in Florida, enter fictitious 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. 20-2547480
(FEI number, if applicable)

4. 08/02/2005
(Date of incorporation)

5. Perpetual
(Duration: Your corp. will cease to exist on "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., for discussion penalty liability)

7. 16 Laurel Ave, Suite 200; Wellesley, MA 02481
(Principal office address)

16 Laurel Ave, Suite 200; Wellesley, MA 02481
(Current mailing address)

8. Any lawful business or activities under the laws of this state
(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: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation (City) Florida 33324 (Zip code)

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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.

Connie Bryan
(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.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Stephen P. Thornton

Address: 16 Laurel Ave, Suite 200
Wellesley, MA 02481

Vice Chairman: Ronald M. Levenson

Address: 16 Laurel Ave, Suite 200
Wellesley, MA 02481

Director:

Address:

Director:

Address:

B. OFFICERS

President: Stephen P. Thornton

Address: 16 Laurel Ave, Suite 200
Wellesley, MA 02481

Executive Vice President: Chris Boyce

Address: 16 Laurel Ave, Suite 200
Wellesley, MA 02481

Secretary: N/A

Address:

Treasurer: Chief Financial Officer: Ronald M. Levenson

Address: 16 Laurel Ave, Suite 200; Wellesley, MA 02481

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

13. Ronald M Levenson
(Signature of Director or Officer listed in number 12 of the application)

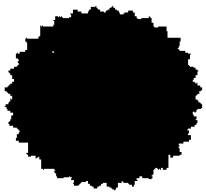
14. Ronald M. Levenson; Chief Financial Officer
(Typed or printed name and capacity of person signing application)

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VIRGIN LIFE CARE, 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 SEVENTH DAY OF MARCH, A.D. 2006.

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



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 4574182

DATE: 03-07-06