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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

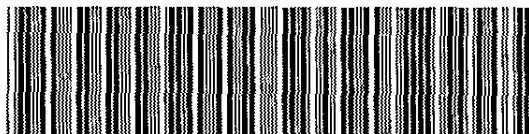
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TALLAHASSEE, FLORIDA

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GunsterYoakley
ATTORNEYS AT LAW

Our File Number: 27829.00001
Writer's Direct Dial Number: (954) 713-6428
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July 13, 2006

VIA TWO DAY FEDEX

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: **NONLINEAR MEDICINE, INC.**
Application by Foreign Corporation for Authorization to Transact
Business in Florida

Dear Sir or Madam:

Enclosed for filing with your office are an original and a copy of the Application by Foreign Corporation for Authorization to Transact Business ("Application") in Florida for **NONLINEAR MEDICINE, INC.** and a Certificate of Status from Delaware. Also, enclosed is a check in the amount of \$87.50 for the following fees:

1.	Application filing fee	\$70.00
2.	Certified copy	\$ 8.75
3.	Certificate of Status	\$ 8.75
TOTAL		\$87.50

After the Application has been filed, please forward the requested documents to me in the enclosed pre-paid envelope.

Please call me if you have any questions.

Sincerely,

Jeannie J. Ha, Paralegal

Enclosures

**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. NONLINEAR MEDICINE, INC.

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

N/A

(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. 02-0701258

(FEI number, if applicable)

4. 12/6/2002

(Date of incorporation)

5. Perpetual

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

6. Upon qualification

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

7. 2300 NW Corporate Blvd., Suite 123, Boca Raton, FL 33431

(Principal office address)

2300 NW Corporate Blvd., Suite 123, Boca Raton, FL 33431

(Current mailing address)

8. Transaction of all business lawful under the laws of Florida

(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: David H. Fater

Office Address: 2300 NW Corporate Blvd. Suite 123

Boca Raton

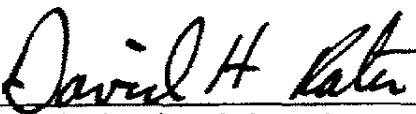
(City)

, Florida 33431

(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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: David H. Fater

Address: 2300 NW Corporate Blvd., Suite 123, Boca Raton, FL 33431

Director: Jerry M. Anchin, Ph.D.

Address: 2300 NW Corporate Blvd., Suite 123, Boca Raton, FL 33431

B. OFFICERS

President: David H. Fater, Chief Executive Officer

Address: 2300 NW Corporate Blvd., Suite 123, Boca Raton, FL 33431

Vice President: _____

Address: _____

Secretary: Jerry M. Anchin, Ph.D.

Address: 2300 NW Corporate Blvd., Suite 123, Boca Raton, FL 33431

Treasurer: _____

Address: _____

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

13. ☒ David H. Fater
(Signature of Director or Officer listed in number 12 of the application)

14. David H. Fater, Chief Executive Officer
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NONLINEAR MEDICINE, 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 TENTH DAY OF JULY, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NONLINEAR MEDICINE, INC." WAS INCORPORATED ON THE SIXTH DAY OF DECEMBER, A.D. 2002.

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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4887865

DATE: 07-10-06