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To:

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From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092

Phone

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## FOREIGN PROFIT/NONPROFIT CORPORATION

PharmaNet, Inc.

Certificate of Status	0
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Corporate Filing Menu

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CT CORPORATION SYSTM

9269818098

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT DESINESS IN FLORIDA IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. PharmaNet, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"

(If name unavailable	in Florida, enter alternate corporate na	me	adopted for the p	urpose of tran	sacting busines	s in Florida
Pennsylvania		3.				
(State or country unde	r the law of which it is incorporated)			(FEl number, i	f applicable)	
October 11, 1991		5.	Perpetual			
(Date of it	corporation)		(Duration: Yes	u coth' mijj ce	use to exist or "	perpetuai"
January 1, 2008						
	(Date first transacted busine (SEE SECTIONS 607.1501 & 60					
CT Corporation Syste	m, 100 Pine Stroot, Suite 325, Harrisb	_			·	
	(Principal office		,			
16 Sentry Park West,	Suite 100, 1787 Sentry Park West, B	lue :	Bell, PA 19422			
	(Current mailing	add	rusa)			
Provide pharmaceutic						
(Purpose(s) of	corporation authorized in home state of	or co	untry to be carri	ed out in state	of Florida)	
Name and street add	dress of Florida registered agent: (	P.C	). Box <u>NOT</u> ac	ceptable)		
Name:	C T Corporation System					
ffice Address:	1200 South Pine Island Road					
	Plantation		. Florida	33324	_	
	(City)			(Zip code)	<del></del>	

10. Registered agent's acceptance:

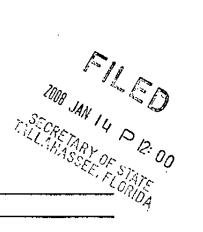
Having been numed us registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

ANN J. WILLIAMS Assistant Vice President (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 oustody of corporate records in the jurisdiction under the law of which it is incorporated.

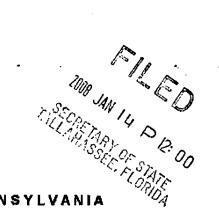
12. Names and business addresses of officers and/or directors:

Made - Oliopopia C T Evilon Onlin



	CTORS  Jeffrey P. McMullen	~~£%
nan:	Jeffrey P. McMullen	
WB: _	504 Carnegio Center	
	Princeton, NJ 08540	
Chairr	man:	
58:		
or: J	John P. Hamill	
58: _	504 Carnegic Center	
	Princeson, NJ 08540	
or: _	Thomas Newman	
_	504 Camegio Center	
	Princeton, NJ 08540	
reic	CERS	·
	Inffrey P McMulian	
-	504 Carnegie Center	•
	Princeton, NJ 08540	
 Presid	iont:	
	IMEN	
fs: _		
— ary: .	Thomas Newman	
•	504 Carnegie Center, Princeton, NJ 08540	·····
rer;	John P. Hamill	<u> </u>
	504 Carnegie Center, Princeton, NJ 08540	
E: If	f necessary, you may attach an addendum to the application listing additional officers and/or directors	<b>5.</b>
	(Signature of Director or Officer listed in number 12 of the application)	
ohn P	P. Hamill, Treasurer and CPO	

FLOIS - 02/03/2006 C T System Defens



## COMMONWEALTH OF PENNSYLVANIA

## DEPARTMENT OF STATE

**JANUARY 9, 2008** 

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

PHARMANET, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

Certification Number: 7126880-1 Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp