

Division of Corporations

Florida Department of State
Division of Corporations
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Division of Corporations
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From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 JAN 14 P 12:00

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FOREIGN PROFIT/NONPROFIT CORPORATION

PharmaNet, Inc.

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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.

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TALLAHASSEE, FLORIDA

1. PhannaNet, 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. Pennsylvania 3. _____
(State or country under the law of which it is incorporated) (FBI number, if applicable)
4. October 11, 1991 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. January 1, 2008
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. CT Corporation System, 100 Pine Street, Suite 325, Harrisburg, PA 17101
(Principal office address)
16 Sentry Park West, Suite 100, 1787 Sentry Park West, Blue Bell, PA 19422
(Current mailing address)
8. Provide pharmaceutical services
(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, Florida 33324
(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.

CT Corporation System

By: Ann J. Williams **ANN J. WILLIAMS**
(Registered agent's signature) Assistant Vice President
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:

FL019 - DOMESTIC CT System Outlined

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: Jeffrey P. McMullen

Address: 504 Carnegie Center

Princeton, NJ 08540

Vice Chairman: _____

Address: _____

Director: John P. Hamill

Address: 504 Carnegie Center

Princeton, NJ 08540

Director: Thomas Newman

Address: 504 Carnegie Center

Princeton, NJ 08540

B. OFFICERS

President: Jeffrey P. McMullen

Address: 504 Carnegie Center

Princeton, NJ 08540

Vice President: _____

Address: _____

Secretary: Thomas Newman

Address: 504 Carnegie Center, Princeton, NJ 08540

Treasurer: John P. Hamill

Address: 504 Carnegie Center, Princeton, NJ 08540

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. John P. Hamill, Treasurer and CPO

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.**

Recha A. Cantis

Secretary of the Commonwealth

Certification Number: 7126880-1

Verify this certificate online at <http://www.corporations.state.pa.us/corp/soskb/verify.asp>