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FOREIGN PROFIT/NONPROFIT CORPORATION

Clinical Studies Management Group, Inc.

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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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.*

1. Clinical Studies Management Group, 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. Delaware 3. 26-1862092
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 01/30/2008 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 02/29/2008
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 624 South Boston Avenue, Suite 230, Tulsa, OK 74119
(Principal office address)

same
(Current mailing address)

8. SEE ATTACHMENT
(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: C T 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.

C T Corporation System

By: Kathleen M. Odum, Asst. Secy
(Registered agent's signature) KATHLEEN M. ODUM

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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A. DIRECTORS SEE ATTACHMENT

Chairman: David M. Butler

Address: 767 Fifth Avenue, 48th Floor

New York, NY 10153

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS SEE ATTACHMENT

President: Angelico Carta M.D.

Address: 401 Maple Drive

Beverly Hills, CA 90210

Vice President: Thomas S. Wardle

Address: 401 Maple Drive

Beverly Hills, CA 90210

Secretary: David M. Butler

Address: 767 Fifth Avenue, 48th Floor, New York, NY 10153

Treasurer: _____

Address: _____

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. Steven L. Rist, Asst. Secretary

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

**Attachment to Florida
Purpose Clause**

Provides Biotech and Pharmaceutical sponsors with clinical trial monitoring and study management services.

Officers & Directors

- 1 Full Name: Neal R. Cutler M.D.
Officer/Director: Officer, Director
Officer's Title: Chief Executive Officer
Director's Title: Director
Business Address: 401 ^{North} Maple Drive
City: Beverly Hills
State: CA
ZIP Code: 90210
- 2 Full Name: Michael R. Denvir
Officer/Director: Officer, Director
Officer's Title: Vice President/Assistant Secretary
Director's Title: Director
Business Address: 767 Fifth Avenue, 48th Floor
City: New York
State: NY
ZIP Code: 10153
- 3 Full Name: Samuel Simmons
Officer/Director: Officer
Officer's Title: Chief Financial Officer/Vice President
Director's Title: ^{North}
Business Address: 401 ^{North} Maple Drive
City: Beverly Hills
State: CA
ZIP Code: 90210
- 4 Full Name: Steven L. Rist
Officer/Director: Officer
Officer's Title: Assistant Secretary
Director's Title:
Business Address: 4520 Main Street, Suite 1100
City: Kansas City
State: MO

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	ZIP Code:	64111
5	Full Name:	Annie Y. Clark
	Officer/Director:	Officer
	Officer's Title:	Vice President
	Director's Title:	
	Business Address:	624 South Boston Avenue, Suite 230
	City:	Tulsa
	State:	OK
	ZIP Code:	74119
6	Full Name:	Angelico Carta M.D.
	Officer/Director:	Officer, Director
	Officer's Title:	President
	Director's Title:	Director
	Business Address:	401 ^{North} Maple Drive
	City:	Beverly Hills
	State:	CA
	ZIP Code:	90210
7	Full Name:	John W. Jordan II
	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Director
	Business Address:	875 N. Michigan Avenue, Suite 4020
	City:	Chicago
	State:	IL
	ZIP Code:	60015
8	Full Name:	Thomas H. Quinn
	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Director
	Business Address:	1751 Lake Cook Road, Suite 550
	City:	Deerfield
	State:	IL
	ZIP Code:	60015
9	Full Name:	Joseph C. Linnen
	Officer/Director:	Director

Officer's Title:
Director's Title:
Business Address:
City:
State:
ZIP Code:

Director
875 N. Michigan Avenue, Suite 4020
Chicago
IL
60015

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Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CLINICAL STUDIES MANAGEMENT GROUP, 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 TWENTY-FIFTH DAY OF MARCH, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

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Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 6473609

DATE: 03-25-08