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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (212) 431-5000  
Fax Number : (212) 431-1441

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DEPARTMENT OF STATE  
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FOREIGN PROFIT/NONPROFIT CORPORATION

PHARMALINK CONSULTING INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MRS 5/5

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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. Pharmalink Consulting 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. California

(State or country under the law of which it is incorporated)

3. 20-3773572

(FEI number, if applicable)

4. 11/08/2005

(Date of incorporation)

5. Perpetual

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

6.

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

7. 245 Park Avenue, 39th Floor, New York, NY 10167

(Principal office address)

245 Park Avenue, 39th Floor, New York, NY 10167

(Current mailing address)

8. Pharmaceutical consulting 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: BlumbergExcelsior Corporate Services, Inc.

Office Address: 515 East Park Avenue

Tallahassee

(City)

Florida

32301

(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.

[Signature]  
(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: Peter Griffin

Address: Vandervell House Vanwall Business Park, Maidenhead Berkshire,  
SL6 4UB United Kingdom

Vice Chairman: Stephen Loughrey

Address: 245 Park Avenue, 39th Floor, New York, NY 10167

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: Peter Griffin

Address: Vandervell House Vanwall Business Park, Maidenhead Berkshire,  
SL6 4UB United Kingdom

Vice President: CEO, Stephen Loughrey

Address: 245 Park Avenue, 39th Floor, New York, NY 10167

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

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. Stephen Loughrey, CEO

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

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA**State of California  
Secretary of State**

## CERTIFICATE OF STATUS

## ENTITY NAME:

PHARMALINK CONSULTING INC.

FILE NUMBER: C2776502  
FORMATION DATE: 11/08/2005  
TYPE: DOMESTIC CORPORATION  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to exercise  
all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial  
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of  
California this day of March 16, 2009.

Handwritten signature of Debra Bowen in cursive script.

DEBRA BOWEN  
Secretary of State