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SECRETARY OF STATES
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section Division of Cor			
SUBJECT: <u>CT</u>	T - Clinical TR	iac Services ation - must include suffix)	INC.
	(Name of corpora	aron - must merade surray	
Dear Sir or Madam:			
	ion by Foreign Corporation fe," and check are submitted to rida.		
Please return all corresp	ondence concerning this mat	tter to the following:	
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	Name (Name	of Person)	
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	(Firm/	Company)	
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For Combon in Compation	concerning this matter place		
For further information	concerning this matter, pleas	se can.	:
(Name of Pers	tter at (S1)	3) S98-929 ca Code & Daytime Teleph	one Number)
STREET/COURIER ADDRESS: New Filing Section Division of Corporations		MAILING ADDRESS: New Filing Section Division of Corporations	
Clifton Buildin	g	P.O. Box 6327	
2661 Executive Tallahassee, Fl		Tallahassee, F	L 32314
Enclosed is a check for	the following amount:		
\$70.00 Filing Fee	□\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	□\$87.50 Filing Fee, Certificate of Status &

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. CTT-Clinical TRIAL SERVICES TNC.
(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) (State or country under the law of which it is incorporated)

3. 31-1670693
(FEI number, if applicable) September 27 1999 5. Derpetual (Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607,1501 & 607,1502, F.S., to determine penalty liability) (Principal office address) (Current mailing address). (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) BUSINESS FILINGS INCORPORATED Name: 1203 Governors Square Blvd., Ste 101 Office Address: TAllahassee , Florida 32301-2960 (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.

MM Uso Asst. Scc for Business Flings Incorporated (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.

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

A. DIRECTORS	
Chairman: Timothy J. Schroener	
Address: 10123 AlliANCE Rd.	D 283
CINCINNATI DH 45242	99
Vice Chairman:	
Address:	
Director: LISA Schroeper	33
Address: 10123 Alliance Rd.	
CINT: 0H 45242	
Director:	
Address:	
B. OFFICERS	
President: Timothy J. Schroeper	
Address: 10123 AlliANCE Rd.	
CINCINNATI DH 45242	
Vice President: PAU Ritter	
Address: 10123 AlliANCE Rd.	
CINCINNATI DH 45242	
Secretary: Lisa Schroeper	•
Address: 10123 Alliance Rd. Cinti, OH	45242
Treasurer:	
Address:	
Address.	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/o	or directors.
13	·
(Signature of Director or Officer listed in number 12 of the application)	1.0
14. PAULF. Ritter VICE PRESIDENT & G	PENERA / COUNSE/
(Typed of printed name and capacity of person signing appreadon)	

United States of America State of Ohio Office of the Secretary of State

I, Jennifer Brunner, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show CTI-CLINICAL TRIAL SERVICES, INC., an Ohio professional corporation, Charter No. 1108028, having its principal location in Cincinnnati, County of Hamilton, was incorporated on September 27, 1999 and is currently in GOOD STANDING upon the records of this office.

SECRETARY OF STATE



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 9th day of April, A.D. 2009

Ohio Secretary of State

Validation Number: V200999A82970