

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number: (850)521-2.

Fax Number: (850)558-1515

Enter the email address for this business entity to be used for tuberer annual report mailings. Enter only one email address please.

FOREIGN PROFIT/NONPROFIT CORPORATION Comprehensive Clinical Development NW, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

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FAX

To: DIVISION OF CORPORATIONS

Company:

Fax: 8506176381

Phone:

From: Jeanine Reynolds

Fax:

Phone: (850) 521-0821x2933 E-mail: jreynold@cscinfo.com

NOTES:

COVER LETTER

TO: New Filing Sec Division of Co				
	ensive Clinical Development	NW, Inc.		
SOBSECT.	Name of corpora	tion - must include suffix		
Dear Sir or Madam:				
"Certificate of Existence		for Authorization to Transac Standing" and check are sub- siness in Florida.		
Please return all corresp	ondence concerning this m	atter to the following:		
Beatrice Kwok				
	Name	of Person		
c/o Riker, Danzig, Schere	er, Hyland & Perretti LLP			
	Firm/	Company		
1 Speedwell Avenue, He	adquarters Plaza	·		
	A	ddress		
Morristown, NJ 07962			Z _C	33
	City/Sta	te and Zip code	LC?	=
bkwok@riker.com	D 12 A 1.	16-6-t		FR *
	E-mail address: (to be us	sed for future annual report no	onneation)	I APR 20
For further information	concerning this matter, plea	se call:		
Beatrice Kwok	. 972	. AS1 9547	70	
Name of Person	n A) 451-8547 rea Code & Daytime Telepho	ne Number	
			<i>></i> ′ •	•
New Filing Scc Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations B Center Circle 32301	MAILING AI New Filing Sec Division of Co P.O. Box 6327 Tallahassee, FI	tion porations	
Enclosed is a check for	the following amount:			
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy	ž

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.

"Inc.," "Co.," "C	corporation; must include "INCORPORATED Carp," "Inc," "Co," or "Corp.")	· · · · · · · · · · · · · · · · · · ·	
(If name unavai	lable in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)	-
2. Washington	3,	91-2113356	
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	-
4. 01/08/2001		Perpetual	_
(Dat	e of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	
6. WPON	FILING		
• .		n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
004170	•	502, F.S., to determine penatty matrixy)	
7. 320) Enterprise	Way, Miramar, FL 33025 (Principal office add	(recg)	~
olo Comprehensi	ve NeuroScience, Inc., 88 Park Avenue, Suite	·	
- CO COMPTERCIAL	(Current mailing add		-
		•	
8. Clinical Researc	h		_
(Purpose(s) of corporation authorized in home state or co	ountry to be carried out in state of Florida)	
9. Name and stre	et address of Florida registered agent: (P.C	D. Box NOT acceptable)	FIL MII APR 20
Name:	Corporation Service Company	ASS	× -1
Office Address;	1201 Hays Street		<u> </u>
	Taliahassee	Florida 32301	章 口
	401	(Zip code)	ယ
	(City)	المراوا والمراوات	w
10. Registered a	(City) gent's acceptance;	Con the control of th	e e

Corporation Society Company By:	Jeanine Reynolds as its agent	•
(Registered agent's sign	ature)	

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.

4/20/2011 9:34:23 AM PAGE 5/007 Fax Server

12. Names and business addresses of officers and/or directors:			
A. DIRECTORS			
Chairman:	·		
Address:	<u>-</u>		
Vice Chairman:			
Address:			
Director: David Dantzker			
Address: c/o Comprehensive NeuroScience, Inc., 88 Park Avenue, Suite 2A	-20-2		
Nudey, New Jersey 07110			
Director: David Bichler			
Address: c/o Comprehensive NeuroScience, Inc., 88 Park Avenue, Suite 2A			
Nutley, New Jersey 07110			
B. OFFICERS	7		
President: Alicia Craig-Rodriguez	ALC SEC	_ <u>#</u>	
Address: c/o Comprehensive NeuroScience, Inc., 88 Park Avenue, Suite 2A	RET AHA	APR	
Nutley, New Jersey 07110	ARY SSE	20	
Vice President:	ind.	<u> </u>	
Address:	STA LOR	<u> </u>	
	D.F.	မ	
Secretary: Noah Pranzbian			
Address: Comprehensive NeuroScience, Inc. 88 Park Avenue, Suite 2A, Nutley, New Jersey 07110			
reasurer:			
Address: (SEE ATTACHED SHEET FOR ADDITIONAL DIRECTORS AND OFFICERS)			
OTE: If necessary you may attach an addendum to the application listing additional officers and/o	or directors.		_
3.	, direction		
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the	fasts stated	honoin	_
re true and that he or she is aware that false information submitted in a document to the Department nird degree felony as provided for in 8.81 1151 F.3	of State cor	nerem	a
4. Noah Franzblau, Secretary			
(Typed or printed name and capacity of nercon signing application)			_

Attachment to Florida Application by Foreign Corporation for Authorization to Transact Business in Florida

Comprehensive Clinical Development NW, Inc.

A. Directors (continued)

Director:

John Docherty

Address:

c/o Comprehensive NeuroScience, Inc., 88 Park Avenue, Suite 2A

Nutley, New Jersey 07110

Director:

John J. McGovern

Address:

c/o Comprehensive NeuroScience, Inc., 88 Park Avenue, Suite 2A

Nutley, New Jersey 07110

Director:

Joseph Riley

Address:

c/o Comprehensive NeuroScience, Inc., 88 Park Avenue, Suite 2A

Nutley, New Jersey 07110

Director:

Steven C. Rodger

Address:

c/o Comprehensive NeuroScience, Inc., 88 Park Avenue, Suite 2A

Nutley, New Jersey 07110

Director:

Marvin Moser

Address:

c/o Comprehensive NeuroScience, Inc., 88 Park Avenue, Suite 2A

Nutley, New Jersey 07110

Director:

Stephen Krupa

Address:

c/o Comprehensive NeuroScience, Inc., 88 Park Avenue, Suite 2A

Nutley, New Jersey 07110

B. Officers (continued)

Chief Executive Officer:

John J. McGovern

Address:

c/o Comprehensive NeuroScience, Inc.

88 Park Avenue, Suite 2A Nutley, New Jersey 07110

Controller:

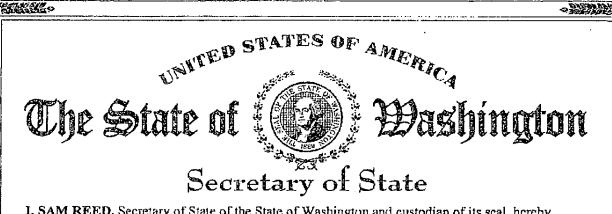
Margarita Morales-Perez

Address:

c/o Comprehensive NeuroScience, Inc.

88 Park Avenue, Suite 2A Nutley, New Jersey 07110 SECRETARY OF STATE

issue this



I, SAM REED, Secretary of State of the State of Washington and custodian of its scal, hereby

CERTIFICATE OF EXISTENCE/AUTHORIZATION OF

COMPREHENSIVE CLINICAL DEVELOPMENT NW, INC.

I FURTHER CERTIFY that the records on file in this office show that the above named Profit Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 1/8/2001.

I FURTHER CERTIFY that as of the date of this certificate, COMPREHENSIVE CLINICAL - DEVELOPMENT NW, INC. remains active and has complied with the filing requirement this office.

Date: April 19, 2011

UBI: 602-089-368

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State

