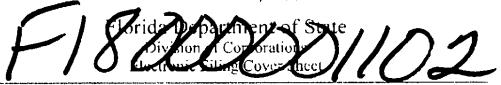
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Division of Corporations



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## APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

			_
(If name unava	ulable in Fiorida, enter alternate con	porate name adopted for the purpose of transacting business in Florida)	
California		3. 95-3814185	
	atry under the law of which it is inco	orporated) (FEI number, if applicable)	_
09/24/1982		5	
	Date of Incorporation)	(2)Ate of duration, it other than perpetual)	-
			<del>.</del>
Date tust cond	ucted effeirs in Florida if prior to regis	stration. See sections 617.7501 & 517.1302, F.S. to determine panalty liabi	ility.)
7910 Frost Str	cet, Suite 330, San Diego, CA 92123	3.	
· · · · · · · · · · · · · · · · · · ·		(Principal office address)	_
3020 Children	s Way, MC5129, San Diego, CA 92.	193	
		1100	
l'o engage in ar	d develop scientific medical research (	ent mailing address, if different)	- 
and clinical pro Purpose(s) of	nd develop scientific medical research to grams and techniques for the treatment corporation authorized in home state	ent mailing address, if different) to find cures and treatments for diseases and disorders with affectabilides, of children with physiological disorders and for bandicapped children or country to be carried out in the state of Florida) agent: (P.O. Box NOT acceptable)	፪ <sup>ነ</sup>
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Name and strained Propose(s) of a Name and straine:  Name and strained Registered viga been not there agree to	d develop scientific medical research to grams and techniques for the treatment corporation authorized in home state eet address of Florida registered CT Corporation System  1200 South Pine Island Rd  Plantation  (City)  agent's acceptance:  med as registered agent and to a samply with the provisions of a	ent mailing address, if different)  to find cures and treatments for diseases and disorders with affect children of children with physiological disorders and for bandicapped children or country to be carried out in the state of Florida)  agent: (P.O. Box NOT acceptable)  Florida 33324	e place
And clinical pro Purpose(s) of a Name and stre Name: Registered Address: Registered	d develop scientific medical research to grams and techniques for the treatment corporation authorized in home state est address of Florida registered.  CT Corporation System.  1200 South Pine Island Rd.  Plantation.  (City)  agent's acceptance:  med as registered agent and to a lis application, I hereby accept to comply with the provisions of a familiar with and accept the observations.	ent mailing address, if different) to find cures and treatments for diseases and disorders with affectabilides, of children with physiological disorders and for bandicapped children. To recurrily to be carried out in the state of Florida) agent: (P.O. Box NOT acceptable)  Florida 33324  (Zip Code)  accept service of process for the above stated corporation at the he appointment as registered agent and agree to act in this capatil statutes relative to the proper and complete performance of new tental statutes relative to the proper and complete performance of the complete performance	e place

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 priving custody of corporate records in the jurisdiction under the law of which it is incorporated.

## 12. Names and addresses of officers and/or directors

A. DIRECTORS		
David F. Hale Chaliman:		•
17075;Circa del Sur, Rancho Santa Fe, CA 92067		,
	en th	
ر بر	11	
6058 Paseo Valencia, Rancho Santa Fe, CA 92067 Address:		
	······································	
Director:		
Address:		
Director:	•	<u> </u>
Address:		
B. OFFICERS		- CG -
Stephen F. Kingsmore		著る
813 H-Avenue Coronado, CA 92118		10 to 11
Address:	<u> </u>	E., &
Peter Todd Laird	ight.	RIDE S
2894 Corte Morera, Carlsbad, CA 92009		<i>P</i> (0
Address:		
Margareta E. Norton		
PO Box 80876, San Diego, CA 92138 Address:		
Kathleen M. Cain Treasurer:		
1965 Demi Lee Lane, Lakeside, CA 92040 Address:		
NOTE: If necessary, you may attach an addendum to the applicat	tion listing additional office:	rs and/or directors.
(Signature of Chairman, Vace Chairman, or any officer	Histed in number 12 of the a	application)
P. Todd Laird Vice President		
(Typed or printed name and capacity of p	erson signing application)	

## State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

RADY CHILDREN'S HOSPITAL RESEARCH CENTER

FILE NUMBER: FORMATION DATE: C1123126 09/24/1982

TYPE:

DOMESTIC NONPROFIT CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING).

I, ALEX PADILLA, 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 02, 2018.

> **ALEX PADILLA** Secretary of State