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Document Number Only

C T CORPORATION SYSTEM
 Requestor's Name
 1311 Executive Center Drive, Ste. 200
 Address
 Tallahassee, Fl. 32301 (904) 656-8298
 City State Zip Phone

100001444271
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 *****70.00 *****70.00

CORPORATION(S) NAME

Biomed Management, Inc.

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 95 FEB 30 PM 3:39
 TALLAHASSEE, FLORIDA

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| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input checked="" type="checkbox"/> Foreign | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of R.A. |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Fictitious Name |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> CUS / G/S |
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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
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. BioMed Management, Inc.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Delaware
(State or country under the law of which it is incorporated)
3. 58-2163527
(FEI number, if applicable)
4. 3/7/95
(Date of Incorporation)
5. perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. 3/10/95
(Date first transacted business in Florida. (See sections 607.1501, 607.1502 and 817.156))
7. 2900 Cole Court
Norcross, GA 30071
(Current mailing address)
8. Property/Operations Management
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent:

Name: C T CORPORATION SYSTEM

Office Address: c/o C T Corporation System, 1200 South Pine Island Road

Plantation, Florida, 33324
(Zip Code)

10. Registered agent 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

(Registered agent's signature) (Officer)

MARK HENNESSEY

ASSISTANT SECRETARY
(Type Name and Title of Officer)

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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 addresses of officer/s and/or directors:

A. DIRECTORS

Chairman: Robert A. Pirraglia

Address: 200 High Street, Sixth Floor

Boston, MA 02110

Vice Chairman: _____

Address: _____

Director: Gene J. Frisco

Address: 200 High Street, Sixth Floor

Boston, MA 02110

Director: W. Fred Bonham

Address: 2900 Cole Court

Norcross, GA 30071

B. OFFICERS

President: Robert A. Pirraglia

Address: 200 High Street, Sixth Floor

Boston, MA 02110

Vice President: Dennis A. Miller

Address: 200 High Street, Sixth Floor

Boston, MA 02110

Secretary: Michael H. King

Address: 200 High Street, Sixth Floor

Boston, MA 02110

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Treasurer: Dennis A. Miller

Address: 200 High Street, Sixth Floor

Boston, MA 02110

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Michael H. King
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Michael H. King, Secretary
(Typed or printed name and capacity of person signing application)

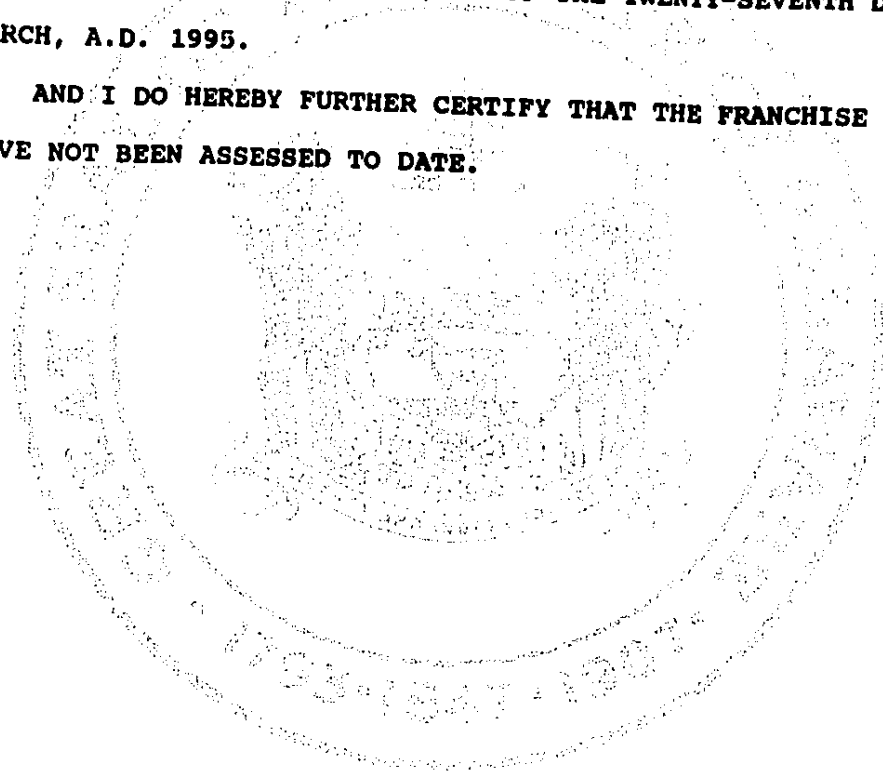
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Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BIOMED MANAGEMENT, 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-SEVENTH DAY OF MARCH, A.D. 1995.

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

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DIVISION OF CORPORATIONS
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Edward J. Freel

Edward J. Freel, Secretary of State

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AUTHENTICATION:

7451542

DATE:

03-27-95