

September 13, 1995

Department of State Qualification/Tax Lien Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

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Re: Application by Foreign Corporation for Authorization to Transact Business in Florida HealthCare Research Associates, Inc.

Dear Sir or Madam:

Please file the enclosed Application by Foreign Corporation for Authorization to Transact Business in Florida for HealthCare Research Associates, Inc. The filing fee of \$35.00 and the Registered Agent Designation Fee of \$35.00 is enclosed for filing the enclosed Application.

Please contact me if I can provide you with any further information. Thank you for your assistance in this matter.

Sincerely,

Lauren A. Cohen

Associate International Counsel

Enclosure cc: file

SECRETARY OF STATE
SIVISION OF CORPORATION
OF CORPORATION

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. HEALTHCARE RESEARCH ASSOCIATES, NC.	
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words of abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural performance or partiership if not so contained in the name at present.)	r son
2. TEXAS (State or country under the law of which it is incorporated) 3. 65-0601034 (FEI number, if applicable)	
0 11 2-	
4. <u>9-11-95</u> 5. <u>PERPETUAL</u> (Date of Incorporation) 5. <u>PERPETUAL</u> (Duration: Year corp. will cease to exist or "perpetual")	-
6. TO BE DETERMINED	
(Date first transacted business in Florida, (See sections 607.1501, t07.1502, and 817.155, F.S.)	
7. 6574 N. State Road #7 Suite 204	Ì
_ Coconut Creek FL 33073 = = 3	温
(Current mailing address)	3 E
8. HEALTH CARE & RVICES	<u>ج</u>
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	ਜ ਂ -
9. Name and street address of Florida registered agent:	
Name: GARRY R. SPEAR	
Office Address: 9660 W. Somple Rd, 3rd Floor Coral Springs , Florida, 33065	
Correl Sonion	
(Zip Code)	-
10. Registered agent's acceptance:	
Having been named as registered agent and to accept service of process for the above service.	ted
- YYINYIQIIYII QI UIE DIBCE DESIDDATED IN TAIC SANICATION I boroby assess to a contra	
registered agent and agree to act in this capacity. I further agree to comply with the provision of all statutes relative to the proper and complete performance of my duties, and I am family and accept the obligations of my duties.	Ins Ilar
with and accept the obligations of my position as registered agent.	707
X DA	
(Redistered agents signature)	
7 .	
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior delivery of this application to the Department of State, by the Secretary of State or other office baying custody of corporate records in the living distribution.	to
having custody of corporate records in the living distinct by the Secretary of State or other office	:ial

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

12. Names and addresses of officers and/or directors: DIRECTORS A. Chairman: Address: Vice Chairman: Address: _____ Director: Address: Director: ___ Address: В. **OFFICERS** President: Richard Address: _6574 Vice President: Address: ____ Secretary: (Address: Treasurer: __ Address: _____ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Vice Chairman, or any officer listed in number 12 of the application)

of person signing application)

State of Delaware Office of the Secretary of State

THE PTH DAY OF SEPTEMBER, A.D. 1905.

AUD I DO HEREDY EULTHER CERTIEY THAT THE EPARCHIES TAYED HAVE NOT BEEK AUSESSED TO DATE.

SECRETARY OF STATE OF CORPORAL 16: 16



Edward J. Freel, Secretary of State

AUTHENTICATION:

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DE DODGE BILL

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DATE:

00-10-00