

F99000002252

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Pharmaceutical Research Network, Inc. 11-2855442
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida",
"Certificate of Existence", and check are submitted to register the above referenced foreign corporation to
transact business in Florida.

Please return all correspondence concerning this matter to the following:

CAROL GIORDANO, BUSINESS MANAGER
(Name of Person)

Pharmaceutical Research Network, Inc.
(Firm/Company)

111-05 Jamaica Ave
(Address)

RICHMOND HILL, NY 11418
(City/State/Zip)

W99-1452

P. 658

8 pgs

Should you need to call someone concerning this matter, please call:

700002746127-9
-01719/99-01087-005
*****70.00 *****70.00

CAROL GIORDANO at (718) 441 3415 ext 11
(Name of Person) (Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

4/30
FILED
99 APR 30 PM 2:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

January 20, 1999

CAROL GIORDANO, BUSINESS MANAGER
PHARMACEUTICAL RESEARCH NETWORK, INC.
111-05 JAMAICA AVE.
RICHMOND HILL, NY 11418

SUBJECT: PHARMACEUTICAL RESEARCH NETWORK, INC.
Ref. Number: W99000001452

We have received your document for PHARMACEUTICAL RESEARCH NETWORK, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report and penalty fees is \$2,300.00.

Enclosed please find a copy of section 607.1501 or 617.1501, Florida Statutes, which lists those activities that do not constitute transacting business in this state. If after reviewing this section you determine erroneous information was inserted on the application, a sworn affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business in Florida prior to the year the application was submitted did not constitute transacting business pursuant to section 607.1501 or 617.1501, Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers
Document Specialist

Letter Number: 199A00002622

STONES & CARDENAS
ATTORNEYS AT LAW

221 SIMONTON STREET, KEY WEST, FL 33040
TELEPHONE (305) 294-0252 FAX (305) 292-5442

ADELE VIRGINIA STONES, P.A.

SUSAN M. CARDENAS, P.A.

April 19, 1999

Florida Department of State
Division of Corporations
Foreign Qualification and Tax Lien Section
P.O. Box 6327
Tallahassee, FL 32314

Re: Pharmaceutical Research Network, Inc.
Ref. No. W99000001452

Dear Mr. Rivers:

Please be advised that the undersigned attorney has been retained to respond to your letter of January 20, 1999, advising my client of the assessment of penalty fees.

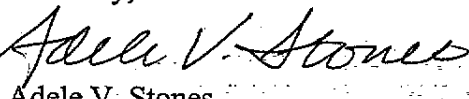
I have reviewed the paperwork submitted by my client and the factual circumstances which led to the filing of the application for authorization to transact business as a foreign corporation.

In the past, PRN, Inc. has employed individuals who reside in the State of Florida to perform auditing contracts outside the State of Florida. Other than sending paychecks to these employees for services performed in other states, PRN, Inc. has had no business activity in the State of Florida. PRN, Inc. would however like the option to begin transacting business in Florida due to the relocation of its corporate officer to a residence in Florida. Therefore, I would request that the previously submitted application be accepted and processed for the remaining calendar year of 1999.

I have enclosed an affidavit executed and sworn to by the President of the corporation to support and correct the erroneous information previously submitted in PRN, Inc. application.

If you have any questions or require additional information please do not hesitate to contact my office.

Sincerely,



Adele V. Stones
AVS/dlg
enclosure as stated



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

April 21, 1999

CAROL GIORDANO, BUSINESS MANAGER
PHARMACEUTICAL RESEARCH NETWORK, INC.
111-05 JAMAICA AVE.
RICHMOND HILL, NY 11418

SUBJECT: PHARMACEUTICAL RESEARCH NETWORK, INC.
Ref. Number: W99000001452

We have received your document for PHARMACEUTICAL RESEARCH NETWORK, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

Thank you for submitting an affidavit regarding line 6 of your application. In January we returned the original application to you so that it could be signed; please see the highlighted copy of our earlier letter, attached. Please return the original application, with the proper signature, so that we may authorize your corporation to transact business in Florida.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

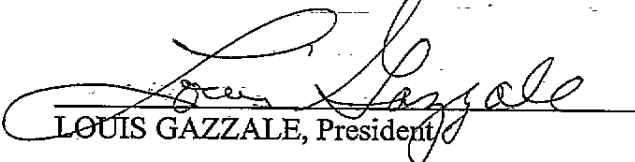
If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers
Document Specialist

Letter Number: 999A00020802

**SWORN STATEMENT CONCERNING AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA BY A FOREIGN CORPORATION**

I, LOUIS GAZZALE, the undersigned, do hereby certify that I am aware that PHARMACEUTICAL RESEARCH NETWORK, INC. has not received a valid certificate of authority to transact business in Florida, as required by s. 607.1501, Florida Statutes. PHARMACEUTICAL RESEARCH NETWORK, INC., does not presently transact business in Florida within the meaning of s. 607.1501, Florida Statutes and was not previously required to receive a certificate of authority to transact business in Florida. Information contained in the application by foreign corporation for authorization to transact business which reflects business activity in Florida commencing July 1997 is erroneous. That date refers to the time period in which an employee of the Corporation established residence in the State of Florida. The corporation previously and currently transacts no business in the State of Florida, but would like to legally establish an option to do so in the near future.

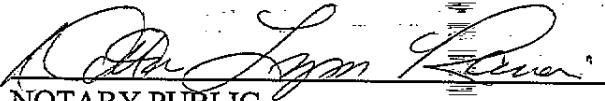

LOUIS GAZZALE, President

4/16/99
Date
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99 APR 30 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

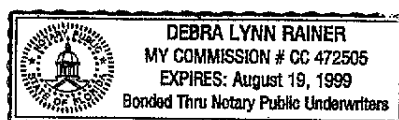
STATE OF FLORIDA:
COUNTY OF MONROE:

I hereby certify that on this day personal appeared before me, an officer duly authorized to administer oaths and take acknowledgments, LOUIS GAZZALE, personally known to me to be the person described in and who executed the foregoing instrument or produced _____ as identification, and he acknowledged before me that he executed the same freely and voluntarily for the purposed therein expressed.

WITNESS my hand and official seal at Key West, County of Monroe, and State of Florida, this 16 day of April, 1999.


NOTARY PUBLIC

My Commission Expires:



**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. PHARMACEUTICAL RESEARCH NETWORK, 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. N.Y. 3. 11-2855442
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 4/13/87 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 6/10/97
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))

7. 111-05 Jamaica Avenue
Richmond Hill, N.Y. 11418
(Current mailing address)

8. monitoring and management services to the pharmaceutical and biotech industries, primarily in the area of clinical research
(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: (P.O. Box or Mail Drop Box NOT acceptable)

Name: Louis Goyzale
Office Address: 1320 Leon St
Key West, Florida, 33040
(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.

Louis Goyzale
(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.

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TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors: (Street address **ONLY**- P. O. Box **NOT** acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: Louis Gazzale

Address: 85-26 109th Street

Richmond Hill, N.Y. 11418

Vice President: Marian Crawford

Address: 20 Mill Spring Road

Manhasset, N.Y. 11030

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. 

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. LOUIS GAZZALE, PRESIDENT

(Typed or printed name and capacity of person signing application)

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FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

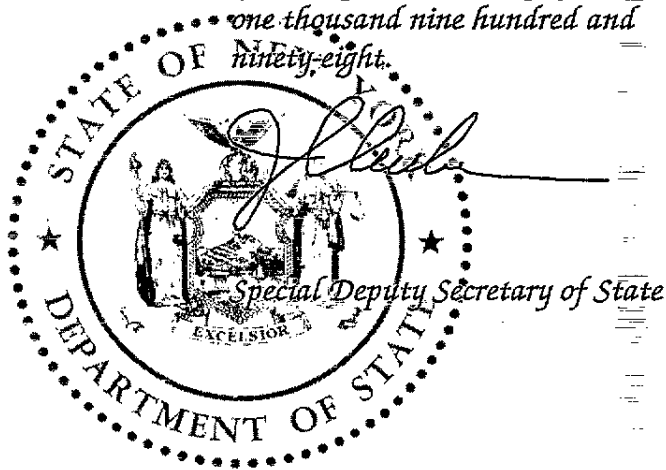
State of New York } ss:
Department of State

I hereby certify, that the certificate of incorporation of PHARMACEUTICAL RESEARCH NETWORK, INC. was filed on 04/13/1987, with perpetual duration, and that a diligent examination has been made of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

The Biennial Statement is past due.

Witness my hand and the official seal
of the Department of State at the City
of Albany, this 31st day of December

one thousand nine hundred and
ninety-eight.



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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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