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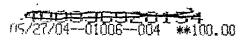
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	TNTEGRY, LLC (Name of foreign li		
	(Name of foreign li	mited liability company)	
2	DELAWARE [Jurisdiction under the law of which foreign limited liability]	3. 20-0675 (44 (FEI number, if applicable)	_
,	company is organized)	(rea number, it applicable)	
4.	(Date of Organization)	5. PERPETURL (Duration: Year limited liability company will cease to	. =
	(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")	
6.	2/2/04		-
	(Date first transacted business in Florida. (Sec	sections 608.501, 608.502, and 817.155, F.S.)	
7.	8310 NU 3380	AVE STE 118	
	FORT LAUDERDALE	A \$3309-6319	
	(Street address of	of principal office)	
8.	If limited liability company is a manager-managed	company, check here	
9.	The name and usual business addresses of the mana	aging members or managers are as follows:	
	Lawrence Solomon		
	David Lucking	76 S	
		LAH.	1 777
		SSEE A	
	Attached is an original certificate of existence, no more than 90 the jurisdiction under the law of which it is organized. (A photo translation of the certificate under oath of the translator must be	ocopy is not acceptable. If the certificate is in a foreign langua	ecords in
11.	Nature of business or purposes to be conducted or	promoted in Florida: Executive	
_	Offices, Pharmaceutical	Development	•
	Selonion	ميد	
		horized representative of a member.	
	(In accordance with section 608.408(3), F. an affirmation under the penalties of perjudy.)	S., the execution of this document constitutes ury that the facts stated herein are true.)	
		name of signee	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:
INTEGRY LLC
2. The name and the Florida street address of the registered agent and office are:
Lawrence Solomon, M.D. (Name)
INTEGRIX, U.C.
Florida street address (P.O. Box NOT ACCEPTABLE) FORT LAUDENDALE, A. 33309-6319
RL 25 3
FL City/State/Zip City/State/Zip
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the
obligations of my position as registered agent as provided for in Chapter 608, F.S
Seleniones (Signature)
\$ 100.00 Filing Fee for Application
A CALLA CONTRACTOR AND A SALVAN CONTRACTOR

Designation of Registered Agent

Certificate of Status (optional)

Certified Copy (optional)

\$ 25.00

\$ 30.00 \$ 5.00

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INTEGRX, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF MAY, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INTEGRX, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF JANUARY, A.D. 2004.

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



Darriet Smith Hindson
Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3116858

DATE: 05-18-04

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