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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

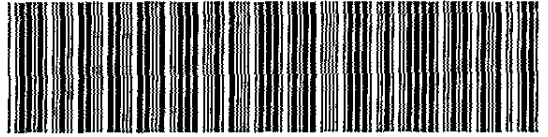
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ICON Clinical Research, Inc.
(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:

Chris Janoski, Tax Manager
(Name of Person)

ICON Clinical Research, Inc.
(Firm/Company)

212 Church Road
(Address)

North Wales, PA 19454
(City/State/Zip)

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For further information concerning this matter, please call:

Chris Janoski at 215-616-3308
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

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. ICON Clinical Research, 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. Pennsylvania 3. 23-2689156
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. May 28, 1992 5. Perpetual
 (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. January 1, 2003
 (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
 (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 212 Church Road, North Wales, PA 19454 (Home Office)
 (Principal office address)
3111 W. Martin Luther King Blvd., Tampa, FL 33607-6233 (Local Office)
 (Current mailing address)

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8. Contract research and related services
 (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: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
 (City) (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.

James Newsome
 (Registered agent's signature)

James Newsome, Asst Sec'y

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 business addresses of officers and/or directors:

A. DIRECTORS

Chairman William Taaffe

Address: 115 E. Park Drive, Suite 200

Brentwood, TN 37027

Vice Chairman: David Peters

Address: 212 Church Road

North Wales, PA 19454

Director: Dr. John Climax

Address: South County Business Park

Leopardstown, Dublin 18, Ireland

Director: Dr. Ronan Lambe

Address: South County Business Park

Leopardstown, Dublin 18, Ireland

B. OFFICERS

President: William Taaffe

Address: 115 E. Park Drive, Suite 200

Brentwood, TN 37027

Vice President: David Peters

Address: 212 Church Road

North Wales, PA 19454

Secretary: David Peters

Address: 212 Church Road, North Wales, PA 19454

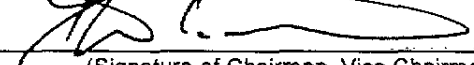
Treasurer: David Peters

Address: 212 Church Road

North Wales, PA 19454

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

13.  9/17/03
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. David Peters
(Typed or printed name and capacity of person signing application)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

September 11, 2003

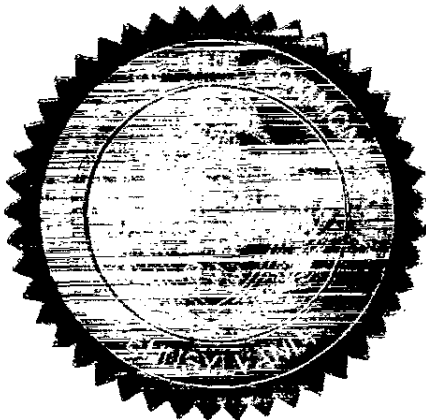
TO ALL WHOM THESE PRESENTS SHALL COME , GREETING :

I DO HEREBY CERTIFY THAT,

ICON CLINICAL RESEARCH, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show , as of the date herein .

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IN TESTIMONY WHEREOF , I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Pertho A. Conte's

Secretary of the Commonwealth

dboyer