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Business Division
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Statement of Merger

filed pursuant to §7-90-301, et seq. and §7-90-203 Colorado Revised Statutes (C.R.S.)

1. Entity name or true name of each
merging entity:
(other than the surviving entity)

Health Sciences Group, Inc.
(Enter name exactly as it appears in the records of the secretary of state if applicable)

Form of entity:

Corporation

Jurisdiction under which the
entity was formed:

Colorado

ID number (if applicable):

Principal office street address:

6080 Center Drive, 6th Floor
(Street name and number)

Los Angeles CA 90045
(City) (State) (Postal/Zip Code)
(Province – if applicable) (Country – if not US)

Principal office mailing address:
(if different from above)

(Street name and number or Post Office Box information)

(City) (State) (Postal/Zip Code)
(Province – if applicable) (Country – if not US)

Entity name or true name:
(other than the surviving entity)

(Enter name exactly as it appears in the records of the secretary of state if applicable)

Form of entity:

Jurisdiction under which the
entity was formed:

ID number (if applicable):

Principal office street address: _____
(Street name and number)

(City) (State) (Postal/Zip Code)

(Province – if applicable) (Country – if not US)

Principal office mailing address:
(if different from above) _____
(Street name and number or Post Office Box information)

(City) (State) (Postal/Zip Code)

(Province – if applicable) (Country – if not US)

Entity name or true name:
(other than the surviving entity) _____
(Enter name exactly as it appears in the records of the secretary of state if applicable)

Form of entity: _____
Jurisdiction under which the
entity was formed: _____

ID number (if applicable): _____

Principal office street address: _____
(Street name and number)

(City) (State) (Postal/Zip Code)

(Province – if applicable) (Country – if not US)

Principal office mailing address:
(if different from above) _____
(Street name and number or Post Office Box information)

(City) (State) (Postal/Zip Code)

(Province – if applicable) (Country – if not US)

(If there are more than three merging entities, mark this box and include an attachment stating the entity name, ID number, and the principal office address of each additional merging entity.)

2. Entity name of the surviving entity: HSG Merger, Inc.
(Enter name exactly as it appears in the records of the secretary of state if applicable)

Form of entity: Corporation

Jurisdiction under which the
entity was formed: Delaware

ID number (if applicable): _____

Principal office street address: 6080 Center Drive, 6th Floor
(Street name and number)

Los Angeles CA 90045
(City) (State) (Postal/Zip Code)
(Province – if applicable) (Country – if not US)

Principal office mailing address:
(if different from above)
(Street name and number or Post Office Box information)
(City) (State) (Postal/Zip Code)
(Province – if applicable) (Country – if not US)

3. New entity name of surviving entity:

Health Sciences Group, Inc.

4. Use of Restricted Words (if any of these terms are contained in an entity name, true name of an entity, trade name or trademark stated in this document, make the applicable selection):

- "bank" or "trust" or any derivative thereof
 "credit union" "savings and loan"
 "insurance", "casualty", "mutual", or "surety"

5. The merging entities are merged into the surviving entity pursuant to this section.

6. If the entity's period of duration as amended is perpetual, mark this box:

OR

If the entity's period of duration as amended is less than perpetual, state the date on which the period of duration expires:

(mm/dd/yyyy)

7. If one or more of the merging entities is a registrant of a trademark described in a filed document in the records of the secretary of state, mark this box and state below the document number of each such filed document.

Document number: _____

Document number: _____

(If more than two trademarks, mark this box and include an attachment stating the additional document numbers.)

8. Other amendments, if any, are attached.

9. Additional information may be included. If applicable, mark this box and include an attachment stating the additional information.

10. (Optional) Delayed effective date: _____
(mm/dd/yyyy)

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Causing this document to be delivered to the secretary of state for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic

