F02000002517

CORPORATION(S) NAME

Huckaby Pharmacal, Inc.

FILED
02 MAY 20 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

(x) Profit ( ) Nonprofit	( ) Amendment	( ) Merger
(x) Foreign	( ) Dissolution/Withdrawal ( ) Reinstatement	( ) Mark
( ) Limited Partnership ( ) LLC	( ) Annual Report ( ) Name Registration ( ) Fictitious Name	( ) Other ( ) Change of RA ( ) UCC
( ) Certified Copy	( ) Photocopies	( ) CUS
( ) Call When Ready (x) Walk In ( ) Mail Out	( ) Call If Problem ( ) Will Wait	( ) After 4:30 (x) Pick Up

RECEIVED
02 MAY 20 PM 3:03
DIVISION OF CORPORATION

Name
Availability _____
Document
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

5/20/02

Order#: 5351475
400005575564--5
-05/21/02--01004--007
*****70.00 *****70.00

Ref#: _____

Amount: $_____

400005575564--5
-05/21/02--01004--008
***1150.00 ***1150.00

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

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.

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TALLAHASSEE, FLORIDA

1. HUCKABY PHARMACAL, 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. KENTUCKY
(State or country under the law of which it is incorporated)

3. 61-1185441
(FEI number, if applicable)

4. 8/1/90
(Date of incorporation)

5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")

6. March 2001
(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. 6316 OLD LAGRANGE ROAD CRESTWOOD KY 40014
(Principal office address)
11802 BRINLEY AVE SUITE 201
LOUISVILLE, KY 40243
(Current mailing address)

8. PHARMACEUTICAL DISTRIBUTOR
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: C T CORPORATION SYSTEM

Office Address: 1200 S.Pine Island Rd.

Plantation (City), Florida 33324 (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.

C A Record
(Registered agent's signature)

C. A. Record, Asst. Secretary

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 N/A

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TALLAHASSEE, FLORIDA

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: WARREN P. LESSER

Address: 11802 BRINLEY Suite 201
Louisville, KY 40243

Vice President: _____

Address: _____

Secretary: IRWIN FOLEY. ESQ.

Address: 11802 BRINLEY Suite 201 Lou KY 40243

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. WARREN P. LESSER PRESIDENT
(Typed or printed name and capacity of person signing application)

John Y. Brown III
Secretary of State

Certificate of Existence

I, John Y. Brown III, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

HUCKABY PHARMACAL, INC.

is a corporation duly organized and existing under KRS Chapter 271B, whose date of incorporation is August 1, 1990 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 271B.16-220 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 9th day of May, 2002.

John Y. Brown, III

JOHN Y. BROWN III
Secretary of State
Commonwealth of Kentucky
records1/0275769