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(City/State	e/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Business	Entity Name)	
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/Degumes	t Number)	
(Documen	r Number)	
Certified Copies (Dertificates of Status	
Special Instructions to Filing Officer:		
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Office Use Only



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OT NOV -9 PM 3: 07
SECRETARY OF STATE

1/4/

COVER LETTER

3

TO: New Filing Section Division of Corporations	4
Associat	ed Pharmacies, Inc.
	poration - must include suffix)
Dear Sir or Madam:	,
The enclosed "Application by Foreign Corporation "Certificate of Existence," and check are submitted transact business in Florida	on for Authorization to Transact Business in Florida," ed to register the above referenced foreign corporation to
Please return all correspondence concerning this Paul Carli	matter to the following:
(Na	nme of Person)
Associated	pharmacies, Inc.
(Fi	rm/Company)
211 Lonnie	E. Crawford Blvd
Scottsboro	(Address) A L 35769 State and Zip code)
(City/	State and Zip code)
For further information concerning this matter, p	ease call:
Paul Carlinate	800 , 243 - 852 Ex+ 244 Area Code & Daytime Telephone Number)
(Name of Person)	Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	
\$70 00 Filing Fee \$\sum \\$78.75 Filing Fee & Certificate of Status	\$78 75 Filing Fee & \$87 50 Filing Fee, Certified Copy Certificate of Status & Certified Copy

			FILER
APPLICA	TION BY FOREIGN CORPORATION BUSINESS IN F	FOR AUTHORIZATION TO TRANSACT FLORIDA	OV-9 PM 3:07
IN COMPLIANCE REGISTER A FOR	WITH SECTION 607 1503, FLORIDA STATU REIGN CORPORATION TO TRANSACT BUSI	FLORIDA SECRETARIES, THE FOLLOWING IS SUBMITTED TO LAP THE STATE OF FLORIDA THE STATE OF THE	ETARY OF STATE
(Enter name of co	Associated Phanopporation; must include "INCORPORATED," "Corp," "Inc," "Co," or "Corp.")	ompany," "corporation,"	-on _{IDΔ}
(If name unavails	able in Florida, enter alternate corporate name adop	ted for the purpose of transacting business in Florida)	
2. Alaba (State or country)	arna 33.	63-0955621 (FEI number, if applicable)	1
		perpetual ration: Year corp (vill cease to exist or "perpetual")	
6	(Date first transacted business in Flor (SEE SECTIONS 607.1501 & 607 1502, F	S., to determine penalty liability)	
7. 211 211 Los	Lonnie E. Crawford Bi	ord Blvd, Scottsboro, 1 lvd, Scottsboro, AL 35	4L 35769 5769
8 Prices (Purpose(s	ose pharmaceutical and son behalf of our country	over the counter products oop members. y to be carried out in state of Florida)	at wholesale
9. Name and stree	t address of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptable)	
Name:	Corporation Service Company	-	
Office Address:	1201 Hays Street	-	
	Tallahassee (City)	, Florida 32301	
	(City)	(Zip code)	
Having been nam	application. I hereby accept the appointment	f process for the above stated corporation at the pla as registered agent and agree to act in this capaci we to the proper and complete performance of my	ty. I

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

and I am familiar with and accept the obligations of my position as registered agent.

ILED 07 HOV -9 PM 3: 07 12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: See attached Address: ____ Vice Chairman: Address: ___ Director: _ Director: Address: ___ B. OFFICERS President: _____See attached Vice President: Address: Secretary: Address: ___ Treasurer: ___ Address: ____ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors (Signature of Director or Officer listed in number 12 of the application)

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

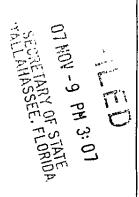
· Beth Chapman Secretary of State

P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Beth Chapman, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the domestic corporation records on file in this office disclose that Associated Pharmacies, Inc. incorporated in Jackson County, Scottsboro, Alabama on March 24, 1988. I further certify that the records do not disclose that said Associated Pharmacies, Inc. has been dissolved.





In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

October 30, 2007

Date

Beth Chapman

Secretary of State

Beth Chapman

Associated Pharmacies, Inc.

211 Lonnie E. Crawford Blvd, Scottsboro, AL 35769 Ph 800-243-8521 Fax 800-522-3335

Board of Directors and Officers

As of April 30, 2007

Board Members

Chairman

Bo Shipley

9371 Cypress Lake Drive Suite 1, Ft. Myers, FL 33919

Vice Chairman

Corporate Officers:

Graham (Buddy) Pigg

2622 E. Main St., Lincolnton, NC 28092

Secretary

Jim Litmer

301 Elm St., Ludlow, KY 41016

Ken Jackson

2301 Okeechobee Rd., Ft. Pierce, FL 34950

Ray Turnage

11316 Huron, Little Rock, AR 72211

Gary Pettigrew

2288 North Washington, Brownsville, TN 38012

Ken Wurster

3206 S. West Shore Blvd., Tampa, FL 33629

Joel Standefer

119 South Main St., Pikeville, TN 37367

Wayne Damron

106 South Elk Avenue, Fayetteville, TN 37334

Vice President

211 Lonnic Crawford, Scottsboro 211 Lonnie Crawford, Scotts boro

Clint King Paul Carlin

Secretary/Treasurer 211 Lannie Crawford, Scotts boro

30-Apr-10

30-Apr-09

30-Apr-10

30-Apr-08

30-Apr-08

30-Apr-08

30-Apr-09

30-Apr-09

CEO/President Jon Copeland