

Division of Corporations

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**B030000000190**

**Florida Department of State  
Division of Corporations  
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To:

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From:

Account Name : CORPORATION SERVICE COMPANY/SAL  
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**FOREIGN LIMITED PARTNERSHIP**

**ADVANCEPCS HEALTH, L.P.**

Certificate of Status	0
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Page Count	04
Estimated Charge	\$87.50

03 MAY 30 AM 8:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATION

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**APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR  
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

1. ADVANCEPCS HEALTH, L.P.  
(Name of limited partnership as it is in the home state)
2. \_\_\_\_\_  
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")
3. Delaware 4. 05/31/2000  
(State of Formation) (Date of Formation)
5. Corporation Service Company  
(Name of Registered Agent for Service of Process)
6. 1201 Haystack Street  
(Street Address of Registered Office)
- Tallahassee Florida 32301  
(City) (Zip Code)
7. Acceptance by the Registered Agent for Service of Process:  
Corporation Service Company  
By: Dolores Burton  
(Agent must sign on this line) Dolores Burton, Asst. V.P.
8. 750 West John Carpenter Freeway, Suite 1200, Irving, TX, 75039.  
(Address of registered office required in state of formation or, if not required, address of principal office.)
- | 9. NAMES OF GENERAL PARTNERS                    | STREET ADDRESS                      |
|---|-------------------------------------|
| ADVANCEPCS HEALTH SYSTEMS, LLC, General Partner | 750 W. John Carpenter Fwy, Ste 1200 |
| Irving, TX 75039                                |                                     |
10. 750 West John Carpenter Freeway, Suite 1200, Irving, TX, 75039.  
(Office where Names, Addresses and Contributions of Limited Partners are kept.)
11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

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12,750 West John Carpenter Freeway, Suite 2300, Irving, TX, 75039.

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 28<sup>th</sup> day of May, 2003.

ADVANCEPCS Health Systems, LLC, General Partner By: Shawn Shearer, Asst. Secretary

STATE OF Texas

COUNTY OF Dallas

On this 28<sup>th</sup> day of May, 2003.

Shawn Shearer, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of \_\_\_\_\_

Summer Moore  
(Notary Public Signature)

Summer Moore  
(Notary's Printed Name)

Seal

My Commission Expires: October 30, 2005



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TALLAHASSEE, FLORIDA

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**AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP**

BEFORE ME the undersigned personally appeared Shawn Shearer, Asst. Sec. of ADVANCEPCS HEALTH, a general partner of ADVANCEPCS HEALTH, L.P., a (an) Delaware limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 1.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 0.00.

Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 28th day of May, 2003.

ADVANCEPCS Health Systems, LLC General Partner By: Shawn Shearer, Asst. Secretary

STATE OF Texas  
COUNTY OF Dallas

On this 28th day of May, 2003,

Shawn Shearer, personally appeared before me,

- ☒ who is personally known to me  
☐ whose identity I proved on the basis of \_\_\_\_\_

Summer Moore  
(Notary Public Signature)

Summer Moore  
(Notary's Printed Name)

Subj

My Commission Expires: Oct. 30, 2005



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TALLAHASSEE, FLORIDA

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