Florida Department of State

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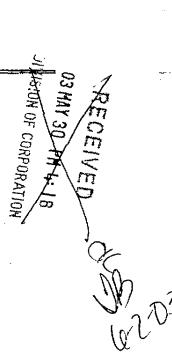
Account Name : CORPORATION SERVICE COMPANY SAL

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FOREIGN LIMITED PARTNERSHIP

ADVANCEPCS HEALTH, L.P.

Certificate of Status	Û
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APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. ADVANCEPCS HEALTH, L.P.			
(Name of limited pa	rtnership as it is in the home state)		
2			_
(If name is unavailable, name under which the limit must contain the	ed partnership proposes to register or transact business in Florida; word "LIMITED" or "LTD.")		
3.Delaware	4,05/31/2000		
(State of Formation)	(Date of Formation)		
5 Corporation Service Company			
(Name of Registere	d Agent for Service of Process)		
6,1201 Hays Street			
(Street Add	ress of Registered Office)	· -	-
Tallahassee	Florida 32301		
(City)	(Zip Code)		,-
7. Acceptance by the Registered Agent for Service of Corporation Service of By: b000000000000000000000000000000000000	Company M. 17(S) must sign on this line) Dolores Burton, Asst. V.P.		. •
	हिंह	D3 HAY 30 AM	-
Address of reciptored affice required in state	of formation or, if not required, address of principal office.	I»	
(Uddiess of to Sigisticit arrive refinied in state	of fortification of it that feducion's southers or bitticibut outron's Salar	က္က 😁	Τ,
9. NAMES OF GENERAL PARTNERS	STREET ADDRESS	0 7	36
		<u> </u>	⋾▔
ADVANCEPCS HEALTH SYSTEMS, LLC. Genera	1 Partner 750 W. John Carpenter Fwy, Ste 1200	ထ္	
MASDODODIA	17	8: 4:5	
1400000041	Irving, TX 75039	J ,	
			-
10,750 West John Carpenter Freeway, Sui	te 1200. Isving. TX. 75039.		
	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of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

		•	H0300	00204685 9
12,750 Mest Joh	n Carpenter Processy, Suize 1	300, Jeving, 4%, 75035		mit A
				_
	(Mailland Address o	f Limited Partnership)		_
Under penalties of pand that the facts an	nerjury I, being duly swarn, declare the atod heroin are true and correct.	at I have read the foregoing a	nd know the contents then	(0 9)
Signed this 28	H day of May	2	2005	
	the to		_	
رسيس	The state of the s	Phrmer By: Sham Sh	legger, Asst. Secreta	izà
STATE OF	xas	_		
COUNTY OF	hilas	 -		
On this	28th way of lay	2003		
Shaw	28th way of hay 1 Shearer	, persona	illy appoared before me,	
who is personal				
(w))ose identity i	proved on the basis of			
				-
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	(Nothery Public Sig	ustrite)		
	Summer March	s e		30 ARY SSEE
	(Notary's Prince)	Vaine)	·	
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AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME	the undersigned personally appeared	Shawn Shearer, A	GAD. SOC. of AD	WANCEPCS HEALTH	.1		
a general parti	nci of advancence health, e.p.		, a (an) Dolawa	EÇ			
limited partne	rship, hervinalter referred to as the "P:	aripership", who collid	fies as follows:				
t. The amoun	nt of cupital scalribulions of the limite	ed partners is \$ 1, 0	<u>o</u> .				
2. The anticip	suced amount of the capital contribution	ons of the limited parts	iers that are allocated	d for the purposes of			
transacting	business in Florida is \$ 0,00	_•					
Under the per	soldes of perjury l. being duly awarn,	doctore that I have re-	ud the foregoing and	d know the contents the	renfand		
that the facts.	Stated herein are true and correct.						
Signed this _	28th asy of May	, 2003					
	Can						
,	UVANCEICS HEATER Systems/ Lit-	General Patract	By: Shawa Shina	irar, Asst. Secreta	t.		
State of_	Texas						
COUNTY OF	Dallas						
, (on this 28th day of	, hay		2003,			
Sha	un Shearer	·		34 <i>- P</i>	42		
<u>۱۳۷۸ کې </u>	VW/1 27/12/12/1		, personally appeared	q octore me,	SEG.	03 HAY	
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<u>. </u>	duntity I provod on the basis of					30	
	,				Y GF	>	<u> </u>
					- Maria - 1	က္တ	. ***
Suy	Moore Noter Public Signature				DATE	: 45	
Su	Muley Moore			SUMMER MO Notary Public, State	ORE	7]	
Suai	My Commission Expires: Of	· 30,200	5	October 30,	2005		

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