

Document Number Only

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CT Corporation System  
660 East Jefferson Street  
Tallahassee, FL 32301  
850-222-1092

DATE: 5/9

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-05/09/00--01091--015  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Corporation(s) Name

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Comprehensive Pharmacy Services, Inc.

FILED  
IN STATION  
SECRETARY OF CORPORATIONS  
DO MAY -9 PM 1:51

☒ Profit  
☐ Nonprofit

☐ Amendment

☐ Merger

☒ Foreign  
☐ LLC

☐ Dissolution  
☐ Withdrawal

☐ Mark

☐ Limited Partnership  
☐ Reinstatement  
☐ UCC ☐ 1 or ☐ 3

☐ UBR  
☐ Fictitious Name 6

☐ Other  
☐ Ch. RA

\*\*\*Special Instructions\*\*

☐ Certified Copy

☐ Photocopies

☐ CUS

☐ arts/ameds/mergers ☐ Other-See Above

☒ Walk in

☒ Pick-up

☐ Will Wait

Please Return Filed Stamped  
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Carol Clark

Thank You!

TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS  
DEPARTMENT OF STATE

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## RESOLUTION OF BOARD OF DIRECTORS

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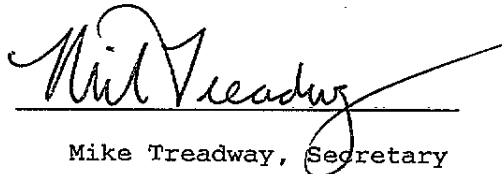
I, the undersigned      Mike Treadway      ,do hereby certify that this Resolution of the  
Board of Directors of COMPREHENSIVE PHARMACY SERVICES, INC., a corporation duly  
organized and existing under the laws of the State of California, was duly adopted on    6th day  
of    May      , 2000.

Resolved, that COMPREHENSIVE PHARMACY SERVICES, INC. organized and

existing in the state of California, hereby adopts the name    INSTITUTIONAL PHARMACY  
SERVICES, INC.

for use in Florida.

Dated:    5/6/2000

  
Mike Treadway, Secretary

# 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:

1. Comprehensive Pharmacy Services, 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. California

(State or country under the law of which it is incorporated)

3. 953810548

(FEI number, if applicable)

4. October 3, 1979

(Date of incorporation)

5. Perpetual

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

6. Upon Qualification

(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.))

7. 3246 Players Club Circle, Memphis, Tennessee 38125

(Current mailing address)

8. Pharmacy services management

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent:

Name: C T Corporation System

Office Address: c/o C T Corporation System, 1200 South Pine Island Road

Plantation, Florida, 33324  
(Zip Code)

10. Registered agent 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 obligation of my position as registered agent.

C T Corporation System



(Registered agent's signature) (Officer)

John J Linnihan, Asst. VP

(Type Name and Title of Officer)

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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 addresses of officers and/or directors:

A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: David Latham

Address: 3246 Players Club Circle

Memphis, Tennessee 38125

Director: James H Coleman

Address: 3246 Players Club Circle

Memphis, Tennessee 38125

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B. OFFICERS

President: Louis P Bradley

Address: 3246 Players Club Circle

Memphis, Tennessee 38125

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Secretary: Mike Treadway

Address: 3246 Players Club Circle

Memphis, Tennessee 38125

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. Louis P Bradley, President

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

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# State of California

## SECRETARY OF STATE

### CERTIFICATE OF STATUS DOMESTIC CORPORATION

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DIVISION OF CORPORATIONS  
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I, **BILL JONES**, Secretary of State of the State of California, hereby certify:

That on the 3rd day of October, 19 79,

**COMPREHENSIVE PHARMACY SERVICES, INC.**

became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

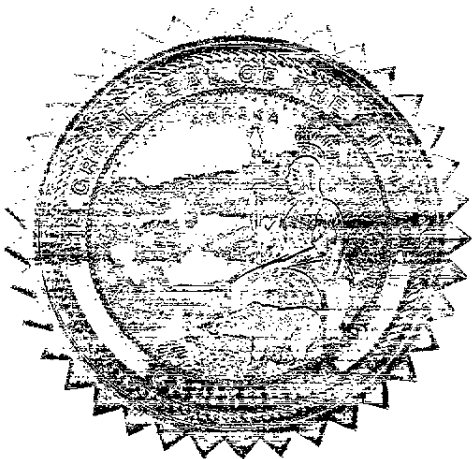
That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

IN WITNESS WHEREOF, I execute this  
certificate and affix the Great Seal of  
the State of California this day of

May 4, 2000



*Bill Jones*

Secretary of State