

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 24 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000002569

1. Corporation Name
INSTITUTIONAL PHARMACY SERVICES, INC.
Comprehensive Pharmacy Services, Inc.

2. Principal Office Address
6409 Quail Hollow Road

Suite, Apt. #, etc.

City & State
Memphis, TN

Zip Country
38120 USA

3. Mailing Office Address
6409 Quail Hollow Road

Suite, Apt. #, etc.

City & State
Memphis, TN

Zip Country
38120 USA

REINSTATEMENT 01-03

4. Date Incorporated or Qualified
To Do Business in Florida 05/09/2000

5. FEI Number
95-3810548

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

State Zip Code
FL 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent attached

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Don Nickleson	6409 Quail Hollow Road	Memphis, TN 38120
S	Barbara Etheridge	6409 Quail Hollow Road	Memphis, TN 38120
D/C	David Latham	8000 Centerview Parkway, Suite 100	Cordova, TN 38018
D	Dr. Charles Handorf	1591 Peabody Avenue	Memphis, TN 38104
D	Douglas Marchant	3315 Point South Cove	Memphis, TN 38125
D	Clifton Phillips	750 Crossover Lane	Memphis, TN 38117

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Barbara Etheridge Barbara Etheridge

10/08/03 901-748-0470

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

ACCEPTANCE OF APPOINTMENT

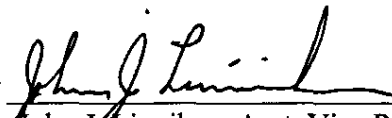
RE: **Comprehensive Pharmacy Services, Inc.**

CT Corporation System
1200 S. Pine Island Rd.
Plantation, FL 33324

Pursuant to Sections 48.091 and 607.0501, Florida Statutes, the undersigned acknowledges and accepts its appointment as registered agent of the above corporation and agrees to act in the capacity and to comply with the provisions of the Florida Business Corporation Act (1990) relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

Dated: October 8, 2003

C T CORPORATION SYSTEM

By 
John J. Linnihan, Asst. Vice President