

F00000005086

Document Number

C T CORPORATION SYSTEM

Requestor's Name
660 East Jefferson Street

Address
Tallahassee, FL 32301 (850)222-1092
City State Zip Phone

CORPORATION(S) NAME

ProCare Pharmacy Direct, Inc.

400003387814
-09/11/00--01059--011
*****70.00 *****70.00

00 SEP 11 PM 2:27

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

- ☒ Profit
☐ NonProfit
☒ Limited Liability Company
☒ Foreign
- ☐ Amendment
☐ Merger
☐ Dissolution/Withdrawal
☐ Mark
- ☐ Limited Partnership
☐ Reinstatement
☐ Limited Liability Partnership
☐ Certified Copy
- ☐ Annual Report
☐ Reservation
☐ Photo Copies
- ☐ Other
☐ Change of R.A.
☐ Fictitious Name
☐ CUS
- ☐ Call When Ready
☐ Walk In
☐ Mail Out
- ☐ Call if Problem
☐ Will Wait
☐ After 4:30
☐ Pick Up

Qualification

Name
Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

PLEASE RETURN EXTRA COPY(S)
FILE STAMPED
THANKS.

LAURA EARNEST

RECEIVED
00 SEP 11 AM 11:25
DIVISION OF CORPORATION

9/11

BK 9/11

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

FILED
SEP 11 PM 2:27
SECRETARY OF STATE
DIVISION OF CORPORATIONS

1. ProCare Pharmacy Direct, 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. Ohio

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

3. 05-0504251

(FEI number, if applicable)

4. 3/25/99

(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. One CVS Drive/Legal Dept

Woonsocket RI 02895

(Current mailing address)

8. Mail Order Pharmacy

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

9. **Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)**

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida, 33324

(Zip code)

10. **Registered agent's 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 obligations of my position as registered agent.

C T Corporation System

Lauren H. Kreatz

(Registered agent's signature)

LAUREN H. KREATZ,
SPECIAL ASSISTANT SECRETARY

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: (Street address **ONLY** - P.O. Box **NOT** acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: SEE ATTACHED LISTING

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: SEE ATTACHED LISTING

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Melanie Luker

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Melanie K. Luker, Assistant Secretary

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

FILED
DIVISION OF CORPORATIONS
00 SEP 11 PM 2:27

ProCare Pharmacy Direct, Inc.

DIRECTORS

Thomas M. Ryan
Lawrence J. Zigerelli
Dennis C. Burton
Zenon P. Lankowsky

OFFICERS

Dennis C. Burton	President
Zenon P. Lankowsky	Vice President and Secretary
Larry D. Solberg	Treasurer
Thomas S. Moffatt	Assistant Secretary
Linda M. Cimbron	Assistant Secretary
Melanie K. Luker	Assistant Secretary

Business Address for all Officers:

One CVS Drive
Woonsocket RI 02895

24-Feb-2000

RECEIVED
STATE
DIVISION OF CORPORATIONS
00 SEP 11 PM 2:27

**UNITED STATES OF AMERICA,
STATE OF OHIO,
OFFICE OF THE SECRETARY OF STATE.**

}

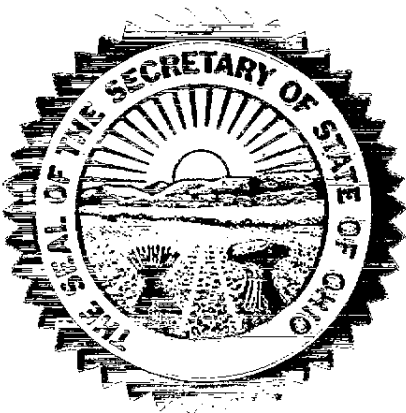
FILED
STATE
SECRETARY OF CORPORATIONS
00 SEP 11 PM 2:27

I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show PROCARE PHARMACY DIRECT, INC., an Ohio Corporation, Charter No. 1067832, having its principal location in Columbus, County of Franklin, was incorporated on March 25, 1999, is currently in GOOD STANDING upon the records of this office.

WITNESS my hand and official seal

at Columbus, Ohio on

September 7, 2000



J. Kenneth Blackwell

J. Kenneth Blackwell
Secretary of State