FODDSODOS 5114 TRANSMITTAL LETTER

To: Qualification/Tax Lien Section Division of Corporations SUBJECT: Secure Phar Macu	Plus, Elac.
(Name of corporation	- must include suffix)
Dear Sir or Madam:	To an at Propings in Florida"
The enclosed "Application by Foreign Corporation for a "Certificate of Existence", and check are submitted to re to transact business in Florida.	
Please return all correspondence concerning this matter	to the following:
Jennifer A. Beno (Name of	Person)
clo America Servica	Group Lac.
105 Westpark Dru	ressi)
Brentwood, TN 37	Cate/Zip)
(Oxtyr2)	7000033823U r49 -09/05/0001133005
Should you need to call someone concerning this mat	ter, please call: *****70.00 ******70.00
Senser A. Bennott at (lets (Name of Person) at (Are	a Code & Daytime Telephone Number)
STREET ADDRESS:	MAILING ADDRESS:
Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St.	Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Tallahassee, FL 32399	7 = 25
Enclosed is a check for the following amount:	The second of the second
\$70.00 Filing Fee \$\text{Certificate of Status}\$	□ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy

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. Secure Pharmacu Plus, LOnc.
(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.) (FÉI number, if applicable) reso in Florida - to beach ansacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.1 Duite 300 (Current mailing address) ramaceuticals to correctional (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) Office Address: , Florida, c 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. MARY R. ADAMS

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.

(Registered agent's signature)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)
Chairman: Michael Catalano
Address: 105 Westpark Drive Suite 300
Brentwood, IN 37027
Vice Chairman:
Address:
Director: Enoch E. (Trey) Hartman, III
Address: 4110 Mary Lindsay Polk Drive, Swite 515
Franklin, TN 34004
Director: Bruce A. Teal
Address: 105 Westpark Drive Suite 300
B. OFFICERS (Street address only - P.O. Box NOT acceptable)
President: Enoch E. (Trey) Hartman, III
Address: 416 Mary Lindsay Polk Drive, Ste 515
Franklin, TN 31064
, mark
Vice President: Bruce A. Teal
Address: 105 Westpark Drive, Suite 300
Brentwood, TN 37027
secretary: Jean L. Byassee
Address: 105 West park Drive Suite 300
Brentwood, TN 37027
Treasurer: Bruce A. Teal
Address: 105 Westpark Drive, Ste 380
Brentwood TN 37027

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)
Jean L. Bunssee Sr. Vic President + Secretary
(Typed or printed name and capacity of person signing application)

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Secretary of State **Division of Business Services** 312 Eighth Avenue North 6th Floor, William R. Snodgrass Tower Nashville, Tennessee 37243

ISSUANCE DATE: 08/29/2000 REQUEST NUMBER: 002422104 TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 08/18/2000 STATUS: ACTIVE CORPORATE EXPIRATION DATE: PERPETUAL CONTROL NUMBER: 0394314 JURISDICTION: TENNESSEE

333 L HWY 70 S HVILLE, TN 37221

REQUESTED BY: CFS PMB 333 7051 HWY 70 S NASHVILLE, TN 37221

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"SECURE PHARMACY PLUS, INC."

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF INCORPORATION AND DURATION AS GIVEN ABOVE; THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE CORPORATION HAVE BEEN PAID; EXISTENCE OF DISSOLUTION HAVE NOT BEEN FILED; AND THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

FOR: REQUEST FOR CERTIFICATE

ON DATE: 08/29/00

\$0.00

\$1,040.00

PMB 333 7051 HWY 70 SOUTH NASHVILLE, TN 37221-0000

TOTAL PAYMENT RECEIVED:

RECEIPT NUMBER: 00002732867 ACCOUNT NUMBER: 00101230

FEES \$1,040.00

RECEIVED:



Rely C Darnell RILEY C. DARNELL SECRETARY OF STATE