

F010000003452

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Pharmacy Incorporated
(Name of corporation, must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

000004339660--5
-06/04/01--01068--014
*****78.75 *****78.75

Thomas Fry

(Name of Person)

Pharmacy Inc

(Firm/Company)

4602 35th Street #100

(Address)

ORlando, FL 32811

(City/State and Zip code)

W01-13063

For further information concerning this matter, please call:

Tom Fry

(Name of Person)

at (407) 341-8929

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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4/6/28

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☒ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

JP



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

June 7, 2001

THOMAS FRY
PHARMACY INC.
4602 35TH STREET #100
ORLANDO, FL 32811

SUBJECT: PHARMACY INCORPORATED
Ref. Number: W01000013063

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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We have received your document for PHARMACY INCORPORATED and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Done Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

Done The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Done Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers
Document Specialist

Letter Number: 401A00035090

PHARMACY, INC.

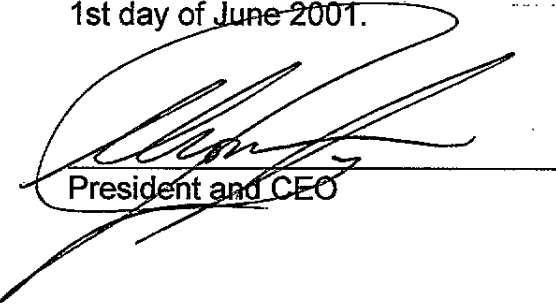
RESOLUTION TO QUALIFY AS A FOREIGN CORPORATION

WHEREAS, the corporation has or shall conduct business within the state of Florida, be it:

RESOLVED, to have the Corporation qualify as a Foreign Corporation in the state of Florida. RESOLVED that the corporation adopts the alternate name of Pharmacy Management Company for us in the state of Florida.

The undersigned hereby certifies that he is the duly elected and qualified President and the custodian of the books and records and seal of PHARMACY, INC., a corporation duly formed pursuant to the laws of the state of Delaware and that the foregoing is a true record of a resolution duly adopted at a meeting of the Board of Directors and the said meeting was held in accordance with state law and Bylaws of the above-named Corporation on June 1, 2001, and that said resolution is now in full force and effect without modification or rescission.

IN WITNESS WHEREOF, I have executed my name as President and have hereunto affixed the corporate seal of the above-named Corporation this 1st day of June 2001.


President and CEO

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TALLAHASSEE FLORIDA

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned Thomas J. Fry, do hereby certify
(Name)

that this Resolution of the Board of Directors of _____

Pharmacy Incorporated
(Corporate Name)

a corporation duly organized and existing under the laws of the State of Delaware

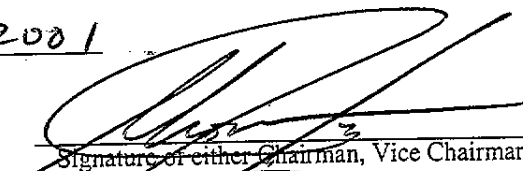
was duly adopted on June 1st, 2001

Be it resolved, that Pharmacy Incorporated
(Corporate Name)

organized and existing in the State of Delaware, hereby adopts the name

Pharmacy Management Company for use in Florida.

Dated: 6/01/2001

 CEO
Signature of either Chairman, Vice Chairman or any officer

Thomas J. Fry
Type or print name

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

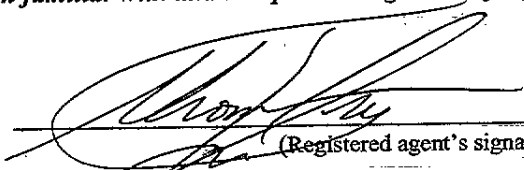
*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Pharmacy 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. DELAWARE 3. 61-1362564
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 01/21/2000 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 6-1-01
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 4602 35th Street Suite 100 Orlando, FL 3811
(Principal office address)
P.O. Box 2241 Windermere, FL 34786
(Current mailing address)
8. Pharmacy Management
(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: Thomas S. Fray
Office Address: 1245 Oakdale St.
Windermere, Florida 34786
(City) (Zip code)

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TALLAHASSEE FLORIDA

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.


(Registered agent's signature)

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 business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Thomas J. Fry

Address: 1245 Oakdale St.

Windermere, FL 34786

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

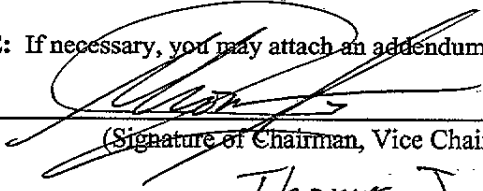
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. 

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

14. Thomas J. Fry President

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

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TALLAHASSEE FLORIDA

State of Delaware
Office of the Secretary of State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PHARMACY, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF APRIL, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PHARMACY, INC." WAS INCORPORATED ON THE TWENTY-FIRST DAY OF JANUARY, A.D. 2000.



3160719 8300

010202258

Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 1102358

DATE: 04-26-01

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TALLAHASSEE FLORIDA