

F01000005052

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Diamond Drugs, Inc.
(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:

Lou Ann Hudzick, Controller
(Name of Person)

Diamond Drugs, Inc.
(Firm/Company)

645 Kolter Drive
(Address)

Indiana, PA 15701-3570
(City/State and Zip code)

For further information concerning this matter, please call:

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-09/24/01--01118--010
*****87.50 *****87.50

Lou Ann Hudzick at (724) 349-1111 ext 1007
(Name of Person) (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

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

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TALLAHASSEE, FLORIDA

mt
9/27

**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.*

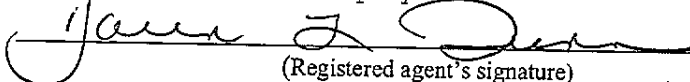
1. DIAMOND DRUGS, INC.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. PENNSYLVANIA 3. 25-1378278
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. December 3, 1979 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification
(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. 645 Kolter Drive, Indiana, PA 15701-3570
(Principal office address)
645 Kolter Drive, Indiana, PA 15701-3570
(Current mailing address)
8. Pharmacy Services and Sales of Medical Supplies
(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: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip code)

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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.

Corporation Service Company


(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: SEE ATTACHMENT

Address:

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President: SEE ATTACHMENT

Address:

Vice President:

Address:

Secretary:

Address:

Treasurer:

Address:

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

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

14. Joan R. Zilner, President
(Typed or printed name and capacity of person signing application)



DIAMOND DRUGS INC.

645 KOLTER DRIVE • COMMERCE PARK • INDIANA, PA 15701-3570
PHONE: 724.349.1111 FAX: 724.349.2945

DIAMOND DRUGS, INC. CORPORATE OFFICERS

President	Joan R. Zilner 2255 Lazor Street Indiana, PA 15701	Term Expires 11/1/01
Vice President	Gilbert J. Zilner 2255 Lazor Street Indiana, PA 15701	Term Expires 11/1/01
Secretary/Treasurer	Mark J. Zilner 338 Eighth Drive Pittsburgh, PA 15239	Term Expires 11/1/01

DIAMOND DRUGS, INC. BOARD OF DIRECTORS

Chairman	Gilbert J. Zilner 2255 Lazor Street Indiana, PA 15701	Term Expires 11/1/01
Director	Joan R. Zilner 2255 Lazor Street Indiana, PA 15701	Term Expires 11/1/01

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TALLAHASSEE, FLORIDA

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COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

SEPTEMBER 14, 2001

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

DIAMOND DRUGS, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania
and remains a subsisting corporation so far as the records of the office
show, as of the date herein.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused
the Seal of the Secretary's
Office to be affixed, the day
and year above written.

Kim Duggan

Secretary of the Commonwealth

DPOS

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