

F01000005923

TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KELSON PHARMACY SERVICES, 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:

W01-24803

Elaine B. Chase, Paralegal  
(Name of Person)

Kelson  
(Firm/Company)

800004652206--0  
-10/25/01--01006--001  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

90 State House Square, 10th floor  
(Address)

Hartford, CT 06103  
(City/State and Zip code)

For further information concerning this matter, please call:

Elaine B. Chase at ( 860 ) 548-9940  
(Name of Person) (Area Code & Daytime Telephone Number)

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**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

lep



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

October 26, 2001

ELAINE B. CHASE, PARALEGAL  
KELSON  
90 STATE HOUSE SQUARE, 10TH FLOOR  
HARTFORD, CT 06103

SUBJECT: KELSON PHARMACY SERVICES, INC.  
Ref. Number: W01000024803

We have received your document for KELSON PHARMACY SERVICES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please provide the full name of the individual or other entity named as your registered agent. Please be aware that if the agent is not an individual, the agent must have an active filing with this office. Please also be aware that no entity can be its own registered agent.

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) 245-6958.

Lee Rivers  
Document Specialist

Letter Number: 501A00058877

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## Memorandum

Date: November 12, 2001

To: Lee Rivers, Document Specialist, Florida Department of State

From: *Nathaniel Aspach*, Vice President – Kelson

Subject: KELSON PHARMACY SERVICES, INC.  
REGISTERED AGENT FILING

Ref. Number: W01000024803

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Please find the attached Application by Foreign Corporation for Authorization to Transact Business in Florida.

Please contact me at (305) 444-1514 if you have questions or require additional information.

Thank you for your kind assistance in this important matter.

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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. KELSON PHARMACY SERVICES, 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. 06-1496045
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. SEPTEMBER 17, 1997 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. OCTOBER 9, 2001
(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. 90 STATE HOUSE SQUARE, 10TH FLOOR, HARTFORD, CT 06103
(Principal office address)

3309 PONCE DE LEON BLVD., CORAL GABLES, FL 33134

(Current mailing address)

TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH THE CORPORATION MAY BE ORGANIZED

8. (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: Nathan L. Anspach

Office Address: 3309 Ponce DeLeon Boulevard

Coral Gables, Florida 33134
(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.

(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: LAWRENCE D. KRIES

Address: C/O KELSON, 3309 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: SAME AS ABOVE

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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B. OFFICERS

President: LAWRENCE D. KRIES

Address: C/O KELSON, 3309 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

Vice President: SAME AS ABOVE

Address: \_\_\_\_\_  
\_\_\_\_\_

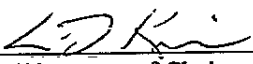
Secretary: SAME AS ABOVE

Address: \_\_\_\_\_

Treasurer: SAME AS ABOVE

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. LAWRENCE D. KRIES, PRESIDENT & DIRECTOR  
(Typed or printed name and capacity of person signing application)

*State of Delaware*  
*Office of the Secretary of State* PAGE 1

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KELSON PHARMACY SERVICES, 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-SECOND DAY OF OCTOBER, A.D. 2001.

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*Harriet Smith Windsor*  
*Harriet Smith Windsor, Secretary of State*

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AUTHENTICATION: 1402948

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DATE: 10-22-01