

FOI 0000006595

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PHARM-AID SERVICES, INC.

(Name of corporation - must include suffix)

900004740269--9
-12/27/01--01007--005
*****87.50 *****87.50

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:

SHASHI KAMAT

(Name of Person)

PHARM-AID SERVICES, INC.

(Firm/Company)

7908 SUMMER RIDGE PL

(Address)

ORLANDO, FL 32819

(City/State and Zip code)

For further information concerning this matter, please call:

SHASHI KAMAT

(Name of Person)

at (407) 876-2260

(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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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

mtu
12/28

**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. PHARM-AID 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. ILLINOIS 3. 37-1346034
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 07/27/1995 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. 8509 VERESE COURT, ORLANDO, FL 32836
(Principal office address)
8. 8509 VERESE COURT, ORLANDO, FL 32836
(Current mailing address)
8. PROVIDE PHARMACY STAFFING SERVICES
(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: SHASHI KAMAT
• Office Address: 7908 SUMMER RIDGE PL
ORLANDO, Florida 32819
(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: ASMITA BOSMIA

Address: 8509 VERESE COURT

ORLANDO, FL 32836

Vice Chairman: SHASHI KAMAT

Address: 7908 SUMMER RIDGE PL

ORLANDO, FL 32819

Director: RASIK BOSMIA

Address: 8509 VERESE COURT

ORLANDO, FL 32836

Director: _____

Address: _____

B. OFFICERS

President: ASMITA BOSMIA

Address: 8509 VERESE COURT

ORLANDO, FL 32836

Vice President: _____

Address: _____

Secretary: ASMITA BOSMIA

Address: 8509 VERESE COURT, ORLANDO, FL 32836

Treasurer: _____

Address: _____

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

13. (*) ASMITA BOSMIA
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. ASMITA BOSMIA, PRESIDENT and Chairman
(Typed or printed name and capacity of person signing application)



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

PHARM-AID SERVICES INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE JULY 27, 1995, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE FILING OF ANNUAL REPORTS AND PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS*****

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE



In Testimony Whereof hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 30TH
day of NOVEMBER A.D. 2001

Jesse White

SECRETARY OF STATE