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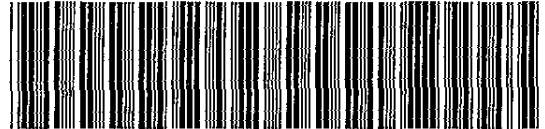
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W003-6366

FILED  
03 MAR -5 PM 1:05  
TALLAHASSEE, FL  
SECRETARY OF ST



CORPORATION SERVICE COMPANY™

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03 MAR -5 PM 2:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 925260 - 5124708

AUTHORIZATION :

COST LIMIT : \$ 70.00

*Patricia Pignatelli*

ORDER DATE : February 10, 2003

ORDER TIME : 11:50 AM

ORDER NO. : 925260-040

CUSTOMER NO: 5124708

CUSTOMER: Ms. Diane Burns  
Omnicare, Inc  
100 E. River Center Blvd.  
Covington, KY 41011-1663

FOREIGN FILINGS

NAME: WESTHAVEN SERVICES CO.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan -- EXT# 1155

EXAMINER: \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

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03 MAR -5 PM 2:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

March 5, 2003

CSC

SUBJECT: WESTHAVEN SERVICES CO.  
Ref. Number: W03000006366

RECEIVED  
03 MAR -6 AM 9:10  
STATE  
DIVISIONS  
TALLAHASSEE, FLORIDA

We have received your document for WESTHAVEN SERVICES CO. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6094.

Agnes Lunt  
Document Specialist

Letter Number: 803A00013999

**RESUBMIT**

Please give original  
submission date as file date.

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA

03 MAR -5 PM 2: 06

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  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Westhaven Services Co.

(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. Ohio

(State or country under the law of which it is incorporated)

3. 34-1151322

(FEI number, if applicable)

4. May 21, 1974

(Date of incorporation)

5. Perpetual

(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.)

c/o Omnicare, Inc, Suite 1600, 100 E. RiverCenter Blvd.

7. Covington, KY 41011

(Principal office address)

(Current mailing address)

8. Pharmaceutical Distribution, To engage in any act or activity for which corporations may be organized.

(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

(City)

, Florida 32301

(Zip code)

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

By: Laura R Dunlap

(Registered agent's signature)

Laura Dunlap, Assistant Vice President

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:

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A. DIRECTORS

Chairman: See attached officers/directors rider

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

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

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

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

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

B. OFFICERS

President: See attached officers/directors rider

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. Regis T. Robbins, Secretary

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

## OFFICERS/DIRECTORS RIDER

FL-Application by Foreign Corporation for Authorization

Westhaco Services Co.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### List of Officers

**Name:** Gary W. Kadlec **Title:** President  
**Bus. Addr.:** c/o Omnicare, Inc. 1600 E. RiverCenter Blvd., Covington, KY 41011

**Name:** Susan Neuber **Title:** Vice President  
**Bus. Addr.:** c/o Omnicare, Inc. 1600 E. RiverCenter Blvd., Covington, KY 41011

**Name:** Regis T. Robbins **Title:** Secretary  
**Bus. Addr.:** c/o Omnicare, Inc. 1600 E. RiverCenter Blvd., Covington, KY 41011

**Name:** **Title:**  
**Bus. Addr.:** c/o Omnicare, Inc. 1600 E. RiverCenter Blvd., Covington, KY 41011

**Name:** **Title:**  
**Bus. Addr.:** c/o Omnicare, Inc. 1600 E. RiverCenter Blvd., Covington, KY 41011

### List of Directors

**Name:** Thomas R. Marsh **Term:**  
**Bus. Addr.:** c/o Omnicare, Inc. 1600 E. RiverCenter Blvd., Covington, KY 41011

**Name:** Regis T. Robbins **Term:**  
**Bus. Addr.:** c/o Omnicare, Inc. 1600 E. RiverCenter Blvd., Covington, KY 41011

**Name:** Gary W. Kadlec **Term:**  
**Bus. Addr.:** c/o Omnicare, Inc. 1600 E. RiverCenter Blvd., Covington, KY 41011

**United States of America**  
**State of Ohio**  
**Office of the Secretary of State**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show WESTHAVEN SERVICES CO., an Ohio corporation, Charter No. 453547, having its principal location in Toledo, County of Lucas, was incorporated on May 21, 1974 and is currently in GOOD STANDING upon the records of this office.*



*Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio  
this 10th day of February, A.D. 2003*

*J. Kenneth Blackwell*

Ohio Secretary of State

Validation Number: V200338F59BE2