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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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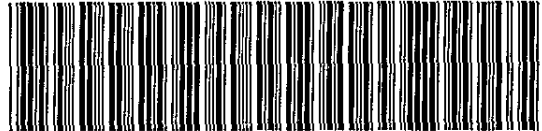
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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3/11/03

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HomeCall Pharmaceutical 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:

Nichole Keen
(Name of Person)
Mid Atlantic Medical Services Inc
(Firm/Company)
4 TAFT COURT
(Address)
Rockville MD 20850
(City/State and Zip code)

For further information concerning this matter, please call:

Nichole Keen at (301) 838-5604
(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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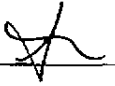
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*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. HomeCall Pharmaceutical 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. Maryland 3. 52-1638210
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 06/13/89 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qual
(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. 4 Taft Court, Rockville, MD 20850
(Principal office address)
same
(Current mailing address)
8. To provide pharmaceutical 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: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (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.

By:  C T Corporation System
(Registered agent's signature) ANUSHA PUTTY
VP + ASST. SEC.

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

SEE ATTACHMENT

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

SEE ATTACHMENT

President: Gretchen Murdza

Address: 4 Taft Court

Rockville, MD 20850

Vice President: Royce Burruss

Address: 4 Taft Court

Rockville, MD 20850

Secretary: Sharon Pavlos

Address: 4 TAFT COURT, Rockville MD 20850

Treasurer: Paul Dillon

Address: 4 Taft Court Rockville, MD 20850

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

13. Sharon C. Pavlos
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Sharon C. Pavlos, Secretary
(Typed or printed name and capacity of person signing application)

Attachment to Florida

Officers & Directors

-
- | | | |
|----|-------------------|---------------------------|
| 1. | Full Name: | Frank Actisdano |
| | Officer/Director: | Officer |
| | Officer's Title: | Accounting Manager |
| | Business Address: | 4 Taft Court |
| | City: | Rockville |
| | State: | MD |
| | ZIP Code: | 20850 |
| 2. | Full Name: | Thomas P. Barbera |
| | Officer/Director: | Officer, Director |
| | Officer's Title: | CEO |
| | Business Address: | 4 Taft Court |
| | City: | Rockville |
| | State: | MD |
| | ZIP Code: | 20850 |
| 3. | Full Name: | Royce Burruss |
| | Officer/Director: | Officer, Director |
| | Officer's Title: | Vice President |
| | Business Address: | 4 Taft Court |
| | City: | Rockville |
| | State: | MD |
| | ZIP Code: | 20850 |
| 4. | Full Name: | Paul Dillon |
| | Officer/Director: | Officer |
| | Officer's Title: | Senior VP & Treasurer |
| | Business Address: | 4 Taft Court |
| | City: | Rockville |
| | State: | MD |
| | ZIP Code: | 20850 |
| 5. | Full Name: | Artie Esworthy |
| | Officer/Director: | Officer, Director |
| | Officer's Title: | Vice President |
| | Business Address: | 4 Taft Court |
| | City: | Rockville |
| | State: | MD |
| | ZIP Code: | 20850 |
| 6. | Full Name: | Robert E. Foss |
| | Officer/Director: | Officer, Director |
| | Officer's Title: | Senior Executive VP & CFO |
| | Business Address: | 4 Taft Court |
| | City: | Rockville |
| | State: | MD |
| | ZIP Code: | 20850 |

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TALLAHASSEE, FLORIDA

7. Full Name: Nancy S. Grodin
Officer/Director: Officer
Officer's Title: Assistant Secretary
Business Address: 4 Taft Court
City: Rockville
State: MD
ZIP Code: 20850
8. Full Name: Nancy Herman
Officer/Director: Officer
Officer's Title: Assistant Secretary
Business Address: 4 Taft Court
City: Rockville
State: MD
ZIP Code: 20850
9. Full Name: Mark D. Groban, M.D.
Officer/Director: Officer, Director
Officer's Title: Chairman of the Board
Business Address: 4 Taft Court
City: Rockville
State: MD
ZIP Code: 20850
10. Full Name: Chris Mackail
Officer/Director: Officer
Officer's Title: Senior VP, Controller
Business Address: 4 Taft Court
City: Rockville
State: MD
ZIP Code: 20850
11. Full Name: Vera Dvorak, MD
Officer/Director: Officer
Officer's Title: Executive VP, Medical Director
Business Address: 4 Taft Court
City: Rockville
State: MD
ZIP Code: 20850
12. Full Name: Gretchen Murdza
Officer/Director: Officer, Director
Officer's Title: President
Business Address: 4 Taft Court
City: Rockville
State: MD
ZIP Code: 20850
13. Full Name: Sharon C. Pavlos
Officer/Director: Officer
Officer's Title: Associate Senior Executive VP, General Counsel

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TALLAHASSEE, FLORIDA

- Business Address: and Secretary
City: 4 Taft Court
State: Rockville
ZIP Code: MD
20850
14. Full Name: Cathy Ramey
Officer/Director: Officer
Officer's Title: Executive VP, Claims
Business Address: 4 Taft Court
City: Rockville
State: MD
ZIP Code: 20850
15. Full Name: Barbara Rosvold
Officer/Director: Officer, Director
Officer's Title: Vice President
Business Address: 4 Taft Court
City: Rockville
State: MD
ZIP Code: 20850

03 MAR 10 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

STATE OF MARYLAND
Department of Assessments and Taxation

I, PAUL ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT HOMECALL PHARMACEUTICAL SERVICES, INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS FEBRUARY 19, 2003.

Paul B. Anderson

Paul B. Anderson
Charter Division

