

F03000001878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2250,310,671

Special Instructions to Filing Officer:

W03-9541

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STATE  
TALLAHASSEE, FLORIDA

*By*

FILED

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STATE  
TALLAHASSEE, FLORIDA

03 APR -3 AM 10:57  
STATE  
TALLAHASSEE, FLORIDA

FILED



ACCOUNT NO. : 072100000032  
REFERENCE : 995887 121767A  
AUTHORIZATION : *Patricia Pizito*  
COST LIMIT : \$ 78.75

ORDER DATE : April 2, 2003  
ORDER TIME : 10:48 AM  
ORDER NO. : 995887-005  
CUSTOMER NO: 121767A

CUSTOMER: Linda Kerr  
Karp & Genauer, P.a.  
Suite 1202  
2 Alhambra Plaza  
Coral Gables, FL 33134

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03 APR -3 AM 10:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FOREIGN FILINGS

NAME: PRECISION HEALTHCARE, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
       PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan -- EXT# 1155

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



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

April 3, 2003

CSC  
AMANDA HADDAN

SUBJECT: PRECISION HEALTHCARE INC.  
Ref. Number: W03000009541

**RESUBMIT**

Please give original  
submission date as file date

03 APR -3 AM 10:57  
FILED  
TALLAHASSEE  
FLORIDA  
STATE

We have received your document for PRECISION HEALTHCARE INC. and the authorization to debit your account in the amount of \$78.75. However, the document has not been filed and is being returned for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

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) 245-6097.

Marsha Thomas  
Document Specialist

Letter Number: 603A00020146

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03 APR 15 AM 10:38  
DIVISION OF CORPORATIONS

850 521 1010



FLORIDA DEPARTMENT OF STATE

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## RESOLUTION OF BOARD OF DIRECTORS

I, the undersigned JOSE TRESPALACIOS, do hereby certify  
that this Resolution of the Board of Directors of PRECISION HEALTHCARE, INC.

a corporation duly organized and existing under the laws of the State of TENNESSEE,  
was duly adopted on APRIL 7, 2003.

Resolved, that PRECISION HEALTHCARE, INC., organized  
and existing in the State of TENNESSEE, hereby adopts the  
name PRECISION PHARMACEUTICAL WHOLESALERS INC.  
for use in Florida.

Dated: April 7, 2003

  
\_\_\_\_\_  
Signature of at least one director  
JOSE TRESPALACIOS, DIRECTOR

DNHS19(3/95)

Received Time Apr. 4. 8:55AM

1-302-686-5454

**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. PRECISION HEALTHCARE, INC. DBA PRECISION PHARMACEUTICAL WHOLESALERS 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. TENNESSEE 3. 58-2520108  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 2/7/00 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. when qualified  
(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. 410 Donelson Pike, Suite 420  
(Principal office address)  
Nashville, TN 37217  
(Current mailing address)
8. Prescription medication distributor  
(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)

**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

Judith S. Blancett  
(Registered agent's signature)

Judith S. Blancett  
as its agent

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.

1-302-636-5454

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: See attached officers/directors rider

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

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

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

SEE RIDER ATTACHED

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. X

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

14. Jose Trespacios

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

03  
APR - 3  
FILED  
TALLAHASSEE, FLORIDA

**Precision Healthcare, Inc.** DBA PRECISION PHARMACUETICAL WHOLESALERS INC.

***Directors:***

Jose Trespalacios  
Edwin Rivera, Jr.  
Martin J. Bradley, III

***Officers:***

Jose Trespalacios, President  
Teresa Fox Morgan, Vice President  
Martin J. Bradley, III, Secretary/Treasurer  
Edwin Rivera, Jr., Ass't. Secretary, Ass't. Treasurer

Address for all: 410 Donelson Pike  
Suite 420  
Nashville, FL 37217

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03 APR -3 AM 10:57  
SEC. OF STATE  
TALLAHASSEE, FLORIDA

**Secretary of State**  
**Division of Business Services**  
**312 Eighth Avenue North**  
**6th Floor, William R. Snodgrass Tower**  
**Nashville, Tennessee 37243**

ISSUANCE DATE: 04/02/2003  
REQUEST NUMBER: 030922039  
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 02/07/2000  
STATUS: ACTIVE  
CORPORATE EXPIRATION DATE: PERPETUAL  
CONTROL NUMBER: 0384185  
JURISDICTION: TENNESSEE

TO:  
CFS  
8161 HWY 100  
#172  
NASHVILLE, TN 37221

REQUESTED BY:  
CFS  
8161 HWY 100  
#172  
NASHVILLE, TN 37221

**CERTIFICATE OF EXISTENCE**

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"PRECISION HEALTHCARE, INC."

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF  
INCORPORATION AND DURATION AS GIVEN ABOVE;  
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE  
EXISTENCE OF THE CORPORATION HAVE BEEN PAID;  
THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED  
WITH THIS OFFICE; AND  
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND  
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

FILED  
APR -3 AM 10:57  
STATE  
NASHVILLE, FLORIDA

FOR: REQUEST FOR CERTIFICATE

ON DATE: 04/02/03

FROM:  
CFS  
8161 HIGHWAY 100  
#172  
NASHVILLE, TN 37221-0000

RECEIVED: FEES \$100.00 \$0.00  
TOTAL PAYMENT RECEIVED: \$100.00

RECEIPT NUMBER: 00003252727  
ACCOUNT NUMBER: 00101230



*Riley C Darnell*

RILEY C. DARNELL  
SECRETARY OF STATE