F03000001878

(Re	questor's Name)
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Pho	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	ame)
(Do	cument Numbe	r)
Certified Copies	_ Certificate	es of Status
2250,310,		
Special Instructions to	Filing Officer:	
		W03 2541
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Office Use Only

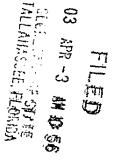


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O3 APR -3 AM IO. 57 SECRETATION OF THE AGINOLATER SECRIFICATION





ACCOUNT NO. : 072100000032

REFERENCE: 995887 121767A

AUTHORIZATION :

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

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:

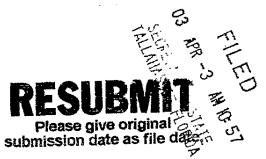


April 3, 2003

CSC AMANDA HADDAN

SUBJECT: PRECISION HEALTHCARE INC.

Ref. Number: W03000009541



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.

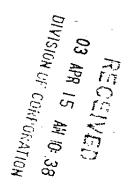
Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

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



850 521 1010



FLORIDA DEPARTMENT OF STATE



RESOLUTION OF BOARD OF DIRECTORS

I, the undersigned	JOSE TRESPALACIOS	, do hereby certify
	the Board of Directors of PRECISION HEALTHCARE	
a corporation duly or	ganized and existing under the laws of the State of	TENNESSEE ,
was duly adopted on	<u>APRIL 7, 2003</u> .	
and existing in the St	PRECISION HEALTHCARE, INC. ate of, hereby adopts to, hereby adopts to,	he
for use in Florida.	PRECISION PHARMACEUTICAL WHOLESALERS INC.	
Dated: April 7	JOSE PRESPALACIOS, diffrector	·

INHS19(3/95)

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA $_{\bigcirc}$

IN COMPLIA	NCE WITH SECTION 607.1503, FLORIL	OA ŞTATUTES, TH	HE FOLLOWING IS SURA	ATTERSTO S	
	FOREIGN CORPORATION TO TRANSA				
1,	PRECISION HEALTHCARE, INC. DBA	PRECISION PHAI	RMACEUTICAL WHOLESAL	ERS INC.	
(Name of cor words or abb	rporation; must include the word "INCORPOR previations of like import in language as will cl on or partnership if not so contained in the nam	learly indicate that it		The design	
2. TENNE	SSEE	3 58-2520	108	A	
	ntry under the law of which it is incorporated)		(FEI number, if applicable)		
4. 2/7/0	o	5. Perpetu	al		
1)	Date of incorporation)	(Duration: Y	(Duration: Year corp. will cease to exist or "perpetual")		
6. when	qualified				
(Date first tra	nsacted business in Florida. If corporation has (SEE SECTIONS 607.			qualification.")	
7. 410 D	onelson Pike, Suite 420				
Nashv	(Principal office	address)			
	(Current mailing	address)		· · · · · · · · · · · · · · · · · · ·	
(Purpo	ription medicaltion distributor se(s) of corporation authorized in home state of street address of Florida registered age	or country to be carr	,	ptable)	
Name:	Corporation Service Company				
Office Address	3: 1201 Hays Street			-	
	Tallahassee	, Florida	32301		
	(City)		(Zip code)		
Having been n designated in t further agree t	d agent's acceptance: named as registered agent and to accept s this application, I hereby accept the appo to comply with the provisions of all statu m familiar with and accept the obligatio	ointment as registe tes relative to the	ered agent and agree to ac proper and complete perfo	ct in this capacity. I	
	Corporation Service Company	Blanca	Judith S. Blancett as its agent		
	4Registered agent	l'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			0	
,	ticers/directors_rider		元	1
Address:				
	<u></u>	<u> </u>		3 E
/ice Chairman:				<u>多</u>
Address:	<u> </u>	<u> </u>	95	ين ۾
			7	
	SEE RIDER ATTA			<u> </u>
	<u> </u>			٠.
<u>,</u>	<u> </u>	<u>ان يا چې پر کې پر ميني افغونيو يا</u>		· · · · ·
B. OFFICERS				
resident: See attached off	icers/directors rider			
Address:	<u></u>			
				سود د د د سي
ecretary:		<u> </u>	, ·, ·	<u> </u>
ddress:	<u> </u>	Supergraph Control		
reasurer:				
Address:	age age of the second of the s	<u> </u>	<u></u>	<u> </u>
3. × ///	attach an addendum to the applicati			S.
1/	•			
4. /Jose Trespalact (Typed	Los or printed name and capacity of pe	erson signing applicatio	n)	

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



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

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

FOR: REQUEST FOR CERTIFICATE

ON DATE: 04/02/03

FROM:

CES 8161 HIGHWAY 100

NASHVILLE, TN 37221-0000

RECEIVED:

FEES \$100.00

\$0.00

TOTAL PAYMENT RECEIVED:

\$100.00

RECEIPT NUMBER: 00003252727 ACCOUNT NUMBER: 00101230



RILEY C. DARNELL SECRETARY OF STATE