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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Diversified Pharmacy 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:

Lori M. Whitlock

(Name of Person)

Delaware Business Incorporators, Inc.

(Firm/Company)

3422 Old Capitol Trail, Suite 700

(Address)

Wilmington, DE 19808

(City/State and Zip code)

For further information concerning this matter, please call:

Lori Whitlock

(Name of Person)

at (302) 996 5819

(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

**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. Diversified Pharmacy 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. Delaware

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

3. 58-2670017

(FEI number, if applicable)

4. May 6, 2003

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Authorization from Florida

(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. 2813 Shipston Ave., New Port Richey, FL 34655

(Principal office address)

2813 Shipston Ave., New Port Richey, FL 34655

(Current mailing address)

8. PHARMACY 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: Stephen J. Grabowski

Office Address: 2813 Shipston Ave.

New Port Richey

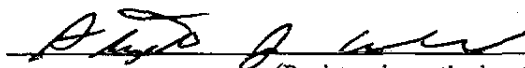
(City)

, Florida 34655

(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.


(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.

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

A. DIRECTORS

Chairman: STEPHEN J. GRABOWSKI
Address: 2813 Shipton Ave
New Port Richey, FL 34655

Vice Chairman: _____

Address: _____

Director: Stephen J. Grabowski

Address: 2813 Shipton Ave.
New Port Richey, FL 34655

Director: Henry Richard Collins

Address: 3501 Town Ave.
New Port Richey, FL 34655

B. OFFICERS

President: Stephen J. Grabowski

Address: 2813 Shipton Ave.
New Port Richey, FL 34655

Vice President: _____

Address: _____


Secretary: Henry Richard Collins

Address: 3501 Town Ave., New Port Richey, FL 34655

Treasurer: Henry Richard Collins

Address: same as above

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. Stephen J. Grabowski, Chairman
(Typed or printed name and capacity of person signing application)

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CLERK OF COURT
HALL OF JUSTICE
NEW PORT RICHEY, FL 34655

Delaware

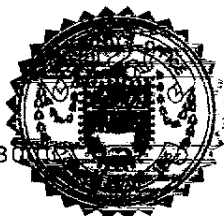
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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DIVERSIFIED PHARMACY SERVICES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF JUNE, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

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Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 2470998

DATE: 06-13-03