FAX:850 521 1010

5 age 1 of 2

Division of Corporations

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: {850}205-0383

From:

: CORPORATION SERVICE COMPANY Account Name

Account Number : 12000000195 : (850)521-1000 Phone : (850)521-1030 Fax Number

FOREIGN PROFIT QUALIFICATION

ALLIANCE CENTER, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$70.00 |

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.

| Indiana | | 3, | 35-2037775 |
|------------------------|---|-----------------------------|--|
| (Space of continued in | der the law of which it is incorp | Orated) | (FEI number, if applicable) |
| 12/04/1957 | | 5. | Perpetual |
| (Date o | f incorporation) | | (Duration: Year corp., will coase to exist or "perpetual") |
| Thom qualifie | cation | | |
| (Date first transacts | d business in Piptids. If corpora (SHE SECTION | is 607.1501) | cursacted business in Florida, insert "upon qualification.") 607.1502 and \$17.155, P.S.) |
| 9615 N. Coll | one Avenue, Indianapol | da, IN 4 | 6290 |
| | (Principa | thha earthe is | res) |
| BG15 N. Colle | go Avenue, Indianapol | | |
| | (Current | mailing eddr | est) |
| (Purpore(s) o | of corposation authorized in home | e state or cor | phasmacoutical products and reservices may be carried out in state of Florida) (P.O. Box or Mail Drop Box NOT acceptable) |
| Name: <u>do</u> | moracion Pervice Com | any | - - |
| office Address: 12 | Ol Have Strept | ···· | |
| ma | 11shassaa | | , Florida 12301 |
| | (City) | | (Zip code) |
|). Rogistered age: | nt ⁷ e waarntamee: | | |
| aving been named | as registered agent and to a | ccept service e annoimbe | ce of process for the above stated corporation at the p ont as registered agent and agree to act in this capac |

11. Attached is a certificate of existence duly anthemicated, 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 | |
| Ovedor Chalomen: Janica K. Roberts | |
| Address: 2615 N. College Avenue, Indianapolis, IN 46280 | |
| Director VicasChairman Kimberly Brener | |
| Address 3615 N. College Avenue, Indianapplis, IN 46280 | |
| Director: | |
| Address: | |
| Director: | |
| Address: | |
| | |
| B. OFFICERS | , |
| President Janice K. Roberts Addres: 9615 M. College Avenue, Indianapolis, IN 46280 | |
| | - |
| Vice President | |
| Address: | |
| Sacretary: Kimberly Exemer | |
| Address: S615 N. College Avenue, Indianapolis, IN 46280 | |
| Troopher: Ximberly Bramer | |
| Address 9615 N. College Avenue, Indianapolis, IN 45280 | |
| NOTE: If necessary, you may attach an addression to the application listing additional officers and/or directors. | |
| 23. Garage & Robert (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) | |
| 14. TANICE K ROBERTS (Typed or printed name and capacity of person signing application) | |

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CERTIFIED RESOLUTION OF BOARD OF DIRECTORS OF ALLIANCE CENTER, INC.

I, the undersigned Secretary of Alliance Center, Inc., a corporation duly organized and existing under the laws of the State of Indiana, do hereby certify that this Resolution of the Board of Directors of the Corporation was duly adopted on August // **. 2003:

BE IT RESOLVED, that Alliance Center, Inc., organized and existing in the State of Indiana, hereby adopts the name "Apothecary Solutions, Inc." for use in the State of Florida.

Dated: August // 2003

Kimberly Bremer, Secretary

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STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

I, TODD ROKITA. Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

ALLIANCE CENTER, INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on December 04, 1997, and was in existence or authorized to transact business in the State of Indiana on August 11, 2003.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Wibness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Eleventh Day of August, 2003.

TODD ROKITA, Secretary of State

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