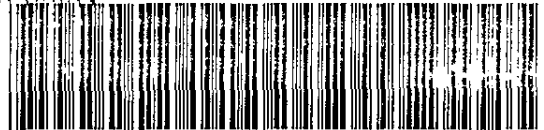


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SECRETARY OF STATE  
TALLAHASSEE, FL 32301



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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Advanced Pharmacy Concepts, 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:

Kimberly McDonough  
(Name of Person)

Advanced Pharmacy Concepts, Inc.  
(Firm/Company)

1130 Ten Rod Road, Bldg. D, Suite 206  
(Address)

N. Kingstown, RI ~~02835~~ 02852  
(City/State and Zip code)

For further information concerning this matter, please call:

Kimberly McDonough at ( 401 ) 295-7660  
(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

**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.

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Advanced Pharmacy Concepts, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Rhode Island

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

3. 06-1475741

(FEI number, if applicable)

4. Feb. 21, 1997

(Date of incorporation)

5. NA

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

6. NA

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1130 Ten Rod Road, Bldg. D, Suite 206 N. Kingstown, RI 02852

(Principal office address)

same

(Current mailing address)

8. pharmacy benefit consulting and auditing 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 NOT acceptable)

Name: Nancy Hayden

Office Address: 10784 Fieldfair Drive

Naple, Florida 34119  
(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.*

Nancy Hayden  
(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.

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

**A. DIRECTORS**

Chairman: Kimberly P. McDonough

Address: 33 Standish Road  
Jamestown, RI 02835

Vice Chairman: same

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

Director: same

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

Director: \_\_\_\_\_

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

**B. OFFICERS**

President: Kimberly P. McDonough

Address: 33 Standish Road  
Jamestown, RI 02835

Vice President: same

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

Secretary: same

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

Treasurer: same

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

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

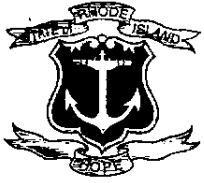
13. Kimberly McDonough  
(Signature of Director or Officer listed in number 12 of the application)

14. Kimberly P. McDonough, President  
(Typed or printed name and capacity of person signing application)

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
*Office of the Secretary of State*

**Matthew A. Brown**  
*Secretary of State*

*The Office of the Secretary of the State of Rhode Island and Providence Plantations, HEREBY CERTIFIES, that*

***Advanced Pharmacy Concepts, Inc.***

*a Rhode Island corporation, filed original articles of incorporation in this office on the nineteenth day of February A.D., 1997; and*

*IT IS FURTHER CERTIFIED that said corporation is now of record and has a legal existence in this office.*

*SIGNED AND SEALED this twenty-seventh day of July, A.D.2004.*

*Matthew Brown*

*Secretary of State*

BY *Willy E. Cancellor*

