

F05000003177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

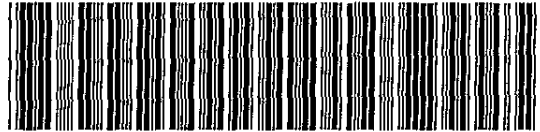
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W05-24363

631

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FILED  
05 MAY 31 PM 12:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

F05-3177



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

May 13, 2005

DEBBIE ROSE  
48021 WARM SPRINGS BLVD.  
FREMONT, CA 94539

SUBJECT: EXP PHARMACEUTICAL SERVICES CORP.  
Ref. Number: W05000024363

We have received your document for EXP PHARMACEUTICAL SERVICES CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

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) 245-6890.

Jason Merrick  
Document Specialist

Letter Number: 105A00034628

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EXP Pharmaceutical Services Corp.  
(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:

Debbie Rose, Sales Administrative Supervisor  
(Name of Person)  
EXP Pharmaceutical Services Corp.  
(Firm/Company)  
48021 Warm Springs Blvd.  
(Address)  
Fremont, CA 94539  
(City/State and Zip code)

For further information concerning this matter, please call:

Debbie Rose at ( 510 ) 476-0909  
(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.*

1. EXP Pharmaceutical Services Corp.

(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. California

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

3. 94-3197778

(FEI number, if applicable)

4. 2/28/1994

(Date of incorporation)

5. Perpetual

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

6. 11/1996

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 48021 Warm Springs Blvd, Fremont CA 94539

(Principal office address)

same as above

(Current mailing address)

8. Reverse distribution

(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: Shawn Gray

Office Address: 14531 Tabago Bay Dr.

Winter Garden

(City)

, Florida 34787

(Zip code)

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TALLAHASSEE, FLORIDA

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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.

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

**A. DIRECTORS**

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

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

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

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

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

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

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

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

**B. OFFICERS**

President: Gus J. Changaris

Address: 8048 Cantata Way

Antelope, CA 95843

Vice President: Nadine L. You

Address: 5315 Brophy Avenue

Fremont, CA 94536

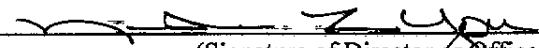
Secretary: ~~CFO~~ Jon F. Stark

Address: 771 Brush Creek Lane, Santa Rosa, CA 95404

Treasurer: \_\_\_\_\_

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

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

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

14. Nadine L. You, Vice President  
(Typed or printed name and capacity of person signing application)

# State of California

SECRETARY OF STATE

## CERTIFICATE OF STATUS DOMESTIC CORPORATION

FILED  
05 MAY 31 PM 12:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, BRUCE McPHERSON, Secretary of State of the State of California, hereby certify:

That on the 28TH day of FEBRUARY, 1994, **EXP PHARMACEUTICAL SERVICES CORP.** became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of April 29, 2005.

A handwritten signature in cursive script, reading "Bruce McPherson".

BRUCE McPHERSON  
Secretary of State