

F05000004570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

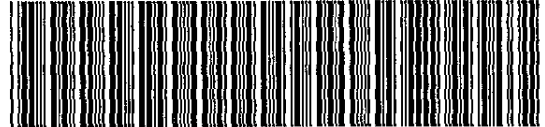
(Business Entity Name)

(Document Number)

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

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DIVISION OF CORPORATIONS  
05 AUG - 5 PM 12:38

H. Carlson AUG - 8 2005



2944 South Norfolk Street  
San Mateo, CA 94403  
Tel: (866) 667-1776 | Fax: (866) 667-1831

Garrett Hall  
EHCS – Pharmacy Coordinator  
Licensure & Certification  
Office Tel/Fax: (775) 851-9132

August 4, 2005

**Via FedEx Overnight - 30784480**

State of Florida  
Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

ATTENTION: Division of Corporations

Re: Kidney Care Rx, Inc. d/b/a Star Rx – Foreign Corporation Application

Attached you will find a copy of the FL Division of Corporations Foreign Corporation Application for the above referenced facility. In addition you will find the following attached information.

- 1) Certificate of existence duly authenticated on July 11, 2005 by the Delaware Secretary of State.
- 2) Check for \$96.25 address to the State of Florida Division of Corporations.  
The \$96.25 check is to cover the following fees:
  - \$87.50 Filing Fee, Certificate of Status & Certified Copy
  - \$8.75 for additional Certificate of Status

Your assistance to ensure the attached application is processed promptly is greatly appreciated!

Please call (775) 851-9132 should you have additional questions or need additional information.

Thank you for your help!

Sincerely,

Garrett D Hall  
EHCS – Pharmacy Coordinator  
Licensure & Certification

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Kidney Care Rx, 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:

Garrett Hall

(Name of Person)

EHCS - Kidney Care Rx, Inc d/b/a Star Rx

(Firm/Company)

14050 Moonrise Ct

(Address)

Reno, Nevada 89511

(City/State and Zip code)

For further information concerning this matter, please call:

Garrett Hall

(Name of Person)

at ( 775 ) 851-9132

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

Star Rx

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

2. Delaware 3. 95-4393983  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 05/28/1992 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. First Transacted Business will start on or after the date this filing is approved by the Sec. of State.  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1350 Old Bayshore Highway Suite 777, Burlingame, CA 94010-1816  
(Principal office address)

1350 Old Bayshore Highway Suite 777, Burlingame, CA 940110-1816  
(Current mailing address)

8. Pharmaceuticals, Durable Medical Equipment, and Diabetic Equipment and Supplies.  
(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)

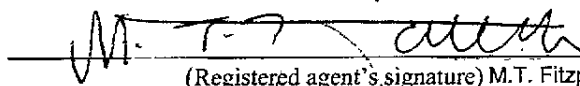
Name: M.T. Fitzpatrick, Asst. Secretary - CT Corporation System

Office Address: 1200 S. Pine Island Road

Plantation, Florida 33324  
(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.*

  
(Registered agent's signature) M.T. Fitzpatrick Assistant Secretary

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:

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DIVISION OF CORPORATIONS

**A. DIRECTORS**

Chairman: N/A

Address: N/A  
N/A

Vice Chairman: N/A

Address: N/A  
N/A

Director: Thomas L. Kelly

Address: 8 Albero Court, Rancho Palos Verdes, CA 90275

Director: N/A

Address: N/A  
N/A

**B. OFFICERS**

President: Thomas L. Kelly

Address: 8 Albero Court, Rancho Palos Verdes, CA 90275

Vice President: H.W. Guy Seay

Address: 933 15th St. Unit B, Santa Monica, CA 90403

Secretary: H.W. Guy Seay

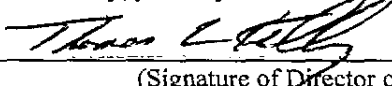
Address: 933 15th St. Unit B, Santa Monica, CA 90403

Treasurer: H.W. Guy Seay

Address: 933 15th St. Unit B, Santa Monica, CA 90403

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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**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. Thomas L. Kelly - President / Director  
(Typed or printed name and capacity of person signing application)

# Delaware

PAGE 1

*The First State*

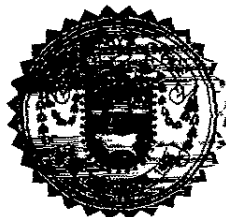
I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KIDNEY CARE RX, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF JULY, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KIDNEY CARE RX, INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF MAY, A.D. 1992.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



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*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4012662

DATE: 07-11-05