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To: Division of Corporations  
Fax Number : (850)205-0381

From: Account Name : CORPORATION SERVICE COMPANY  
Account Number : 120000000195  
Phone : (850)521-1000  
Fax Number : (850)558-1575

**FOREIGN PROFIT/NONPROFIT CORPORATION**

**NEW LIFE COMPOUNDING PHARMACY, INC.**

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# 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. NEW LIFE COMPOUNDING PHARMACY, 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. DELAWARE

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

3. 20-4489385

(FEI number, if applicable)

## 4. MARCH 20, 2006

(Date of incorporation)

5. PERPETUAL

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

## 6. UPON QUALIFICATION.

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

## 7. 3908 Garfield Street, Hollywood, Florida 33021

(Principal office address)

(Same as above)

(Current mailing address)

## 8. To engage in any lawful act or activity for which corporations may be organized under the Florida Business Corp. Act.

(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: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

, Florida 32301

(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.

Corporation Service Company

By: 

(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:

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**A. DIRECTORS**

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

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

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

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

Director: Nancy Dube

Address: 3908 Garfield Street

Hollywood, Florida 33021

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

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

**B. OFFICERS**

President: Nancy Dube

Address: 3908 Garfield Street

Hollywood, Florida 33021

Vice President: \_\_\_\_\_

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

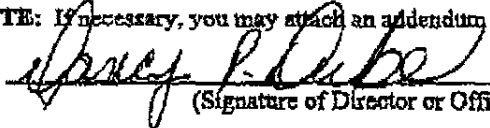
Secretary: Nancy Dube

Address: 3908 Garfield Street, Hollywood, Florida 33021

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. Nancy Dube, President  
(Typed or printed name and capacity of person signing application)

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# Delaware

*The First State*

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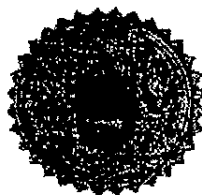
I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NEW LIFE COMPOUNDING PHARMACY, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF MARCH, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NEW LIFE COMPOUNDING PHARMACY, INC." WAS INCORPORATED ON THE TWENTIETH DAY OF MARCH, A.D. 2006.

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

4128101 8300

060278362



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State  
AUTHENTICATION: 4614265

DATE: 03-23-06

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