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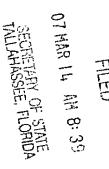
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☐ PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: WIREGRAS	ration - must include suffix)
(Name of corpor	ration - must include surfix)
Dear Sir or Madam:	
	for Authorization to Transact Business in Florida," to register the above referenced foreign corporation to
Please return all correspondence concerning this ma	atter to the following:
THOMAS HAP (Name)  8 CENTER (Firm)	VES HENIG
(Nam	ne of Person)
% CENTER ?	DRV6 Co.
(1.1111)	"Company)
TOZ WEST	MAPLE AVE. Address)  L 36340
(1	Address)
GENEVA , A	FL 36340
(City/St	ate and Zip code)
For further information concerning this matter, plea	ase call:
THOMAS H. HENIG at (33	4, 684-9408
(Name of Person) (A	rea Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	
	<u>_</u>
\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy 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. <u>(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"</u>	
"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	
	•
CENTER DRUG COMPANY	
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	
2. ALABAMA (State or country under the law of which it is incorporated)  3. 630710985 (FEI number, if applicable)	
(State or country under the law of which it is incorporated) (FEI number, if applicable)	
4. 23 July 1976 5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")	
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	
(Date of incorporation)  (Duration: Year corp. will cease to exist or "perpetual")  6.	,
(Date first transacted business in Florida, if prior to registration)	
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	<b>;</b> *
7. TOZ WEST MAPLE AVE., GENEVA, AL 36340 TO	
(Principal office address)	25 30
7. 702 WEST MAPLE AVE., GENEVA, AL 36340  (Principal office address)  P.O. BOX 400 GENEVA, AL 36340-0400  (Current mailing address)	ڡ
(Current mailing address)	
The same of the sa	
8. DURABLE MEDICAL EQUIPMENT PROVIDER	
(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: LAMAR VAVEHN	
Office Address: /// BEL Aire	
PANAMA City BEACH, Florida 324/3	
(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.

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.

FILED

12. Names and business addresses of officers and/or directors: 07 MAR 14 AM 8:39 A. DIRECTORS Chairman: N/A Address: \_ Vice Chairman: \_\_\_\_ Address: Director: \_ Address: \_\_\_ Director: Address: B. OFFICERS President: \_\_\_\_ Vice President: TRACI Secretary: N/A Address: N/A Treasurer: NA Address: N/A NOTE: If necessary, you may attach an addendary to the application listing additional officers and/or directors. or Officer listed in number 12 of the application) (Typed or printed name and capacity of person signing application)

Beth Chapman Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

## STATE OF ALABAMA

I, Beth Chapman, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the domestic corporation records on file in this office disclose that Wiregrass Drugs, Inc. incorporated in Geneva County, Geneva, Alabama on July 23, 1976. I further certify that the records do not disclose that said Wiregrass Drugs, Inc. has been dissolved.

SECRETARY OF STATE

07 MAR ILL NH 8: 35



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

March 2, 2007

Date

Beth Chapman

Beth Chapman

Secretary of State