2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F07000001853

FILED
Oct 03, 2008
Secretary of State

Entity Name: TMS FULFILLMENT PHARMACY, INC.

Current Principal Place of Business:

162 WASHINGTON STREET
BELMONT, MA 02478

New Principal Place of Business:

15951 SW 41ST STREET
100
DAVIE, FL 33331

Current Mailing Address:

162 WASHINGTON STREET
BELMONT, MA 02478

New Mailing Address:

15951 SW 41ST STREET
100
DAVIE, FL 33331

FEI Number: 20-1297827 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CSC

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PTSD	( ) Delete
Name:	ROSEN, RICHARD H	
Address:	162 WASHINGTON STREET	
City-St-Zip:	BELMONT, MA 02478	
Title:	AS	( ) Delete
Name:	BENNETT, REBECCA L	
Address:	162 WASHINGTON STREET	
City-St-Zip:	BELMONT, MA 02478	
Title:	AS	( ) Delete
Name:	MILLER, EDWIN L JR	
Address:	ONE POST OFFICE SQUARE	
City-St-Zip:	BOSTON, MA 02109	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	CEO	(X) Change ( ) Addition
Name:	TROWBRIDGE, WARREN K	
Address:	904 PRIMA VISTA BLVD #200	
City-St-Zip:	PORT ST LUCIE, FL 34952	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WARREN TROWBRIDGE CEO 10/03/2008

Electronic Signature of Signing Officer or Director — Date