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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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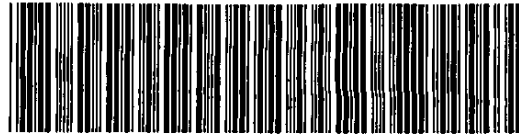
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch JUL 9 2007

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Innoviant Pharmacy, 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:

Dhila Backstrom

(Name of Person)

Fiserv Health

(Firm/Company)

5500 Wayzata Blvd., Suite 500

(Address)

Minneapolis, MN 55416

(City/State and Zip code)

For further information concerning this matter, please call:

Dhila Backstrom

(Name of Person)

at (763) 549-3383

(Area 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:

☐ \$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. Innoviant 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. Pennsylvania

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

3. 23-2861252

(FEI number, if applicable)

4. 10/07/1996

(Date of incorporation)

5. Perpetual

(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)

7. 1800 Byberry Road, Suite 1202, Huntingdon Valley, PA 19006

(Principal office address)

1800 Byberry Road, Suite 1202, Huntingdon Valley, PA 19006

(Current mailing address)

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8. To engage in any lawful act or activity

(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)

Jeanine Reynolds
as its 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.

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

A. DIRECTORS

Chairman: N/A

Address: _____

Vice Chairman: N/A

Address: _____

Director: R. Mark Campbell

Address: 11 Scott Street, Suite 150, Wausau, WI 54403

Director: Kevin Klopfenstein

Address: 5500 Wayzata Blvd., Suite 500, Minneapolis, MN 55416

B. OFFICERS

President: SEE ATTACHED EXHIBIT A.

Address: _____

Vice President: _____

Address: _____

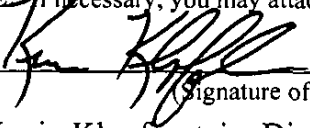
Secretary: _____

Address: _____

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. Kevin Klopfenstein, Director and Secretary
(Typed or printed name and capacity of person signing application)

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Exhibit A.
List of Officers of Innoviant Pharmacy, Inc.

B. OFFICERS

President: Joseph McCann
Address: 1800 Byberry Road, Suite 1202, Huntingdon Valley, PA 19006

Vice President &
COO: Gregory Thomas
Address: 1800 Byberry Road, Suite 1202, Huntingdon Valley, PA 19006

Treasurer: Glenn Stewart
Address: 1800 Byberry Road, Suite 1202, Huntingdon Valley, PA 19006

Secretary: Kevin Klopfenstein
Address: 5500 Wayzata Blvd., Suite 500, Minneapolis, MN 55416

Vice President and
Assistant Secretary: Julia Jensen
Address: 255 Fiserv Drive, Brookfield, WI 53045

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

JUNE 27, 2007

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

INNOVANT PHARMACY, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and
remains a subsisting corporation so far as the records of this office show, as of
the date herein.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused
the Seal of the Secretary's Office to
be affixed, the day and year above
written.

Pedro A. Cortis

Secretary of the Commonwealth

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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