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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

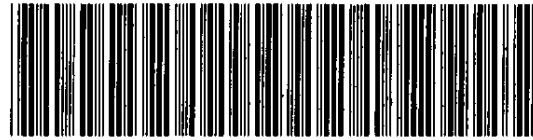
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 18 2008
D. A. WHITE



4 E. Ohio Street, #30
Chicago, IL 60611

P 312 573 7700
F 312 573 7701

www.onepointpatientcare.com

July 15, 2008

Via Overnight Mail 850-245-6052

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee FL 32314

Re: Professional Pharmacy, Inc. d/b/a OnePoint Patient Care

Dear Sir or Madam:

Enclosed please find the Cover Letter for a new filing, an Application By Foreign Corporation to Transact Business in Florida, an Application For Registration of Fictitious Name and filing fees for both in the amount of \$128.50. Please file our application to transact business in Florida and then file our application for the fictitious name. Please let me know if any additional documentation is required. Thank you.

Very Truly Yours
OnePoint Patient Care

A handwritten signature in black ink, appearing to read "Peter A. Speranza", written over the typed name.

Peter A. Speranza
Vice President and General Counsel

cc:

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Professional Pharmacy, Inc. d/b/a OnePoint Patient Care

(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:

Peter A. Speranza

(Name of Person)

OnePoint Patient Care

(Firm/Company)

4 E. Ohio Street Suite 30 .

(Address)

Chicago IL 60611

(City/State and Zip code)

For further information concerning this matter, please call:

Peter A. Speranza

(Name of Person)

at (312) 573-7717

(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. **Professional 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. **Arizona**

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

3. **86-0109286**

(FEI number, if applicable)

4. **January 28, 1987**

(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. **3102 COMMERCE PARKWAY MIRAMAR FL 33025-3935**

(Principal office address)

3102 COMMERCE PARKWAY MIRAMAR FL 33025-3935

(Current mailing address)

8. **Operation of a closed door pharmacy and related services**

(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: **James A. Otterbeck**

Office Address: **3102 Commerce Parkway**

Miramar

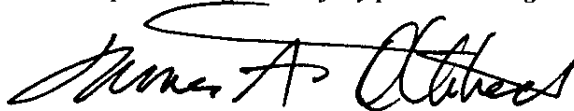
(City)

, Florida **33025-3935**

(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)

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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: James A. Otterbeck

Address: 477 3rd Ave. South
Naples FL 34102

Vice Chairman: _____

Address: _____

Director: Jeffrey S. Hohl

Address: 1236 Laurel Lane
Scottsdale AZ 85259

Director: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. OFFICERS

CEO
President: James A. Otterbeck

Address: 477 3rd Ave. South
Naples FL 34102

COO &
Vice President: Jeffrey S. Hohl

Address: 1236 Laurel Lane
Scottsdale AZ 85259

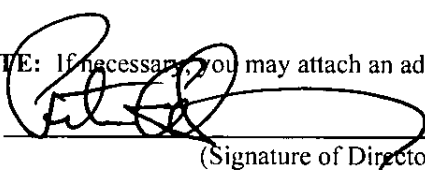
Vice President
~~Secretary~~: Peter A. Speranza

Address: 1441 Minard Ln. Green Oaks IL 60048

Secretary
Treasurer: James A. Otterbeck

Address: 477 3rd Ave. South, Naples FL 34102

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. Peter A. Speranza, Vice President

(Typed or printed name and capacity of person signing application)

STATE OF ARIZONA



Office of the
CORPORATION COMMISSION
CERTIFICATE OF GOOD STANDING

2008 JUL 17 A 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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To all to whom these presents shall come, greeting:

I, Brian C. McNeil, Executive Director of the Arizona Corporation Commission, do hereby certify that

*****PROFESSIONAL PHARMACY, INC.*****

a domestic corporation organized under the laws of the State of Arizona, did incorporate on January 28, 1987.

I further certify that according to the records of the Arizona Corporation Commission, as of the date set forth hereunder, the said corporation is not administratively dissolved for failure to comply with the provisions of the Arizona Business Corporation Act; and that its most recent Annual Report, subject to the provisions of A.R.S. sections 10-122, 10-123, 10-125 & 10-1622, has been delivered to the Arizona Corporation Commission for filing; and that the said corporation has not filed Articles of Dissolution as of the date of this certificate.

This certificate relates only to the legal existence of the above named entity as of the date issued. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's condition or business activities and practices.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, the Capital, this 15th Day of July, 2008, A. D.


Executive Director

Order Number: 253506