



COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Wolters Kluwer Pharma Solutions, 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," or "Certificate of Good Standing" 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:

Erin Sanders

Name of Person

Wolters Kluwer

Firm/Company

2700 Lake Creek Rd

Address

Riverwoods II 60015

City/State and Zip code

erin.sanders@wolterskluwer.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erin Sanders

Name of Person

at (817) 580-5045

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

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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. Wolters Kluwer Pharma Solutions, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

NA

(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. 27-0744263

(FEI number, if applicable)

4. 07/28/2009

(Date of incorporation)

5. Perpetual

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

6. 01/01/2010

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 770 Township Line Road, Yardley, PA 19067

(Principal office address)

c/o WKUS Law Dept. 2700 Lake Cook Rd, Riverwoods, IL 60015

(Current mailing address)

8. Pharmaceutical information service 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: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

Florida 33324

(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.*

CT Corporation System

By: [Signature]

(Registered agent's signature)

Kimberly Breunling

Assistant Secretary

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

A. DIRECTORS SEE ATTACHMENT

Chairman: Robert Becker

Address: 76 Ninth Ave

New York, NY 10011

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

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

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

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

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

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

B. OFFICERS SEE ATTACHMENT

President: Mark Spiers

Address: 77 Township Line Road

Yardley, PA 19067

Vice President: Richard J. Parker

Address: 2700 Lake Cook Rd

Riverwoods IL 60015

Secretary: Dandra D. Gold

Address: 2700 Lake Cook Rd Riverwoods IL 60015

Treasurer: Basilio Palomo

Address: 323 Norristown Rd, Ambler, PA 19002

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Peter F. Healy

(Signature of Director or Officer listed in number 12 of the application)

14. Peter F. Healy Vice President

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

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TALLAHASSEE FLORIDA

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**Attachment to Florida  
Officers & Directors**

|   |                   |                        |
|---|-------------------|------------------------|
| 1 | Full Name:        | Richard J Parker       |
|   | Officer/Director: | Officer                |
|   | Officer's Title:  | VP and Asst. Secretary |
|   | Director's Title: | NA                     |
|   | Business Address: | 2700 Lake Cook Road    |
|   | City:             | Riverwoods             |
|   | State:            | IL                     |
|   | ZIP Code:         | 60015                  |
| 2 | Full Name:        | Deidra D Gold          |
|   | Officer/Director: | Officer                |
|   | Officer's Title:  | Secretary and EVP      |
|   | Director's Title: | NA                     |
|   | Business Address: | 2700 Lake Cook Road    |
|   | City:             | Riverwoods             |
|   | State:            | IL                     |
|   | ZIP Code:         | 60015                  |
| 3 | Full Name:        | Peter F Healy          |
|   | Officer/Director: | Officer                |
|   | Officer's Title:  | VP and Asst. Treasurer |
|   | Director's Title: | NA                     |
|   | Business Address: | 2700 Lake Cook Road    |
|   | City:             | Riverwoods             |
|   | State:            | IL                     |
|   | ZIP Code:         | 60015                  |
| 4 | Full Name:        | Robert Becker          |
|   | Officer/Director: | Officer, Director      |
|   | Officer's Title:  | CEO                    |
|   | Director's Title: | Chairman               |
|   | Business Address: | 76 Ninth Ave           |
|   | City:             | New York               |
|   | State:            | NY                     |
|   | ZIP Code:         | 10011                  |
| 5 | Full Name:        | Bacilio Palomo         |

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|                   |                        |
|-------------------|------------------------|
| Officer/Director: | Officer, Director      |
| Officer's Title:  | Treasurer, CFO and EVP |
| Director's Title: | Director               |
| Business Address: | 323 Norristown Rd      |
| City:             | Ambler                 |
| State:            | PA                     |
| ZIP Code:         | 19002                  |

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TALLAHASSEE, FLORIDA

# Delaware

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*The First State*

I, JEFFREY W. HULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WOLTERS KLOWER PHARMA SOLUTIONS, 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 SEVENTEENTH DAY OF FEBRUARY, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

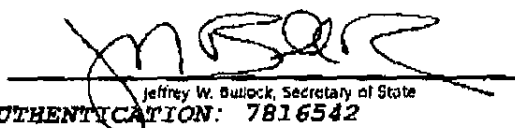
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You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 7816542

DATE: 02-17-10