

Fax 5/4/2010 3:47:24 PM 1/000 Fax Server Page 1 of 1
FID0000002106

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H10000106946 3)))



H100001069463ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1515

FILED
2010 MAY -4 A 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FOREIGN PROFIT/NONPROFIT CORPORATION
ESI MAIL PHARMACY SERVICE, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$720.00

RECEIVED MAY - 4 2010

Electronic Filing Menu Corporate Filing Menu Help

MAY -5 2010
D.A. WHITE

FILED

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. ESI Mail Pharmacy Service, Inc.

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

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware3. 43-1867735

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

(FEI number, if applicable)

4. 11/10/19995. perpetual

(Date of incorporation)

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

6. 1/1/2009

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. One Express Way, St. Louis, MO 63121

(Principal office address)

One Express Way, St. Louis, MO 63121

(Current mailing address)

8. Mail order pharmacy

(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 CompanyOffice Address: 1201 Hays StreetTallahassee

(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

Matthew Young
Asst. V. Pres.By: [Signature]

(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.

FILED

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

A. DIRECTORSChairman: Patrick McNameeAddress: One Express Way, St. Louis, MO 63121

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERSPresident: Patrick McNameeAddress: One Express Way, St. Louis, MO 63121

Vice President: _____

Address: _____

Secretary: Martin P. AkinsAddress: One Express Way, St. Louis, MO 63121Treasurer: Kelley ElliottAddress: One Express Way, St. Louis, MO 63121

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. Martin P. Akins, Secretary

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

2010 MAY -4 A 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Additional Officers

ESI Mail Pharmacy Service, Inc.

Jack Rodriguez	Assistant Secretary	One Express Way, St. Louis, MO 63121
Jeffrey Naeger	Assistant Secretary	One Express Way, St. Louis, MO 63121
Steven Haiber	Assistant Secretary	One Express Way, St. Louis, MO 63121

FILED
2010 MAY -4 A 10:49
CLERK OF COURT
ALABAMA, FLORIDA

Delaware

The First State

FILED2010 MAY -4 A 10:49
PAGE 1
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ESI MAIL PHARMACY SERVICE, 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 THIRTIETH DAY OF
APRIL, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ESI MAIL
PHARMACY SERVICE, INC." WAS INCORPORATED ON THE TENTH DAY OF
NOVEMBER, A.D. 1999.

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.

3124250 8300

100449182

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7966794

DATE: 04-30-10