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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MAR 25 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PS 3/29/11
111-14118



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 11, 2011

TRACY ALLIGOOD
WIREGRASS DRUGS, INC.
P O BOX 527
ALBANY, GA 31702

SUBJECT: WIRELESS DRUGS, INC.
Ref. Number: W11000014118

We have received your document for WIRELESS DRUGS, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6901.

Pamela Smith
Regulatory Specialist II

Letter Number: 311A00006079

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Wiregrass Drugs, 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:

Tracy Alligood

Name of Person

Wiregrass Drugs, Inc.

Firm/Company

P. O. Box 527

Address

Albany, GA 31702

City/State and Zip code

talligood@buy-ritedrugs.com

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

For further information concerning this matter, please call:

Tracy Alligood

Name of Person

at (229) 435-4571 x 12

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

04/14/2011 21:23 13346849404

CENTER DRUG

#7810 P.002/002

Apr. 14. 2011 3:31PM

NO. 7720

Wiregrass Drugs, Inc.

P O Box 527, Albany, GA 31702

Phone: 229-435-4571 • Fax 229-878-4926

April 15, 2011

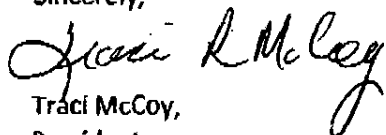
Florida Department of State
Division of Corporations

Dear Sir/Madam:

This letter is to notify you that we will not reinstate the Florida Corporation for Wiregrass Drugs listed under document # F07000001445.

Please contact me should you need any further information.

Sincerely,



Traci McCoy,
President

**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. Wiregrass Drugs, 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. Alabama

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

3. 63-0710985

(FEI number, if applicable)

4. 07/23/1976

(Date of incorporation)

5. perpetual

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

6. n/a

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

7. 702 West Maple Ave., Geneva, AL 36340

(Principal office address)

P. O. Box 527, Albany, GA 31702

(Current mailing address)

8. Respiratory 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: Paula B. Norman

Office Address: 302 Cecil G. Coston Sr. Blvd.

Port St. Joe

(City)

, Florida 32456

(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.

Paula B. Norman

(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
ALBANY, AL

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

A. DIRECTORS

Chairman: Traci McCoy

Address: 702 W Maple Ave.
Geneva, AL 31702

Vice Chairman: _____

Address: _____

Director: Fred F. Sharpe

Address: 1579 US Hwy 19 South
Leesburg, GA 31763

Director: J. Lendon Scott

Address: 479 Forrester Rd.
Dothan, AL 36301

B. OFFICERS

President: Traci McCoy

Address: 702 W Maple Ave.
Geneva, AL 36340

Vice President: _____

Address: _____

Secretary: Paula B Norman

Address: P O Box 527, Albany, GA 31702

Treasurer: Paula B Norman

Address: P O Box 527, Albany, GA 31702

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

13. Paula B Norman

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Paula B. Norman

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

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ALABAMA SECRETARY OF STATE

Beth Chapman
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Beth Chapman, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Wiregrass Drugs, Inc. was formed in Geneva County, Alabama on July 23, 1976. The Alabama Entity Identification number for this entity is 042-516. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

March 18, 2011

Date

Beth Chapman

Beth Chapman

Secretary of State