

F11000005103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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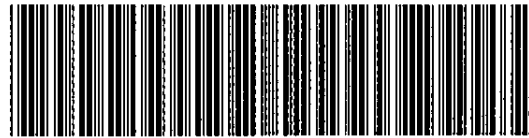
(Business Entity Name)

(Document Number)

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W1-58152

FILED  
2011 DEC 19 PM 4:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch DEC 20 2011

## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Employers Dwg Program Management, 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:

Charles M. Ash  
Name of Person  
Employers Dwg Program Management, Inc  
Firm/Company  
505 20th St. No Suite 1200  
Address  
Birmingham AL 35203  
City/State and Zip code  
C Noles @ edpm.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheri Noles at 205 326 3100  
Name of Person 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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11 DEC -5 AM 11:36

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

November 16, 2011

CHARLES M ASH  
505 20TH ST NO STE 1200  
BIRMINGHAM, AL 35203

SUBJECT: EMPLOYERS DRUG PROGRAM MANAGEMENT, INC.  
Ref. Number: W11000058152

We have received your document for EMPLOYERS DRUG PROGRAM MANAGEMENT, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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) 245-6928.

Tim Burch  
Regulatory Specialist II

Letter Number: 511A00025988



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
11 DEC 19 PM 1:23  
DIVISION OF CORPORATIONS

December 6, 2011

CHARLES M ASH  
505 20TH ST NO STE 1200  
BIRMINGHAM, AL 35203

SUBJECT: EMPLOYERS DRUG PROGRAM MANAGEMENT, INC.  
Ref. Number: W11000058152

We have received your document for EMPLOYERS DRUG PROGRAM MANAGEMENT, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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) 245-6928.

Tim Burch  
Regulatory Specialist II

Letter Number: 711A00027305

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.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 DEC 19 PM 4:44

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1. Employers Drug Program Management, 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. Jefferson Co, ALABAMA

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

3. 63-1020758

(FEI number, if applicable)

4. 04-01-1990

(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. 505 20th St. No Suite 1200 Birmingham, AL 35203

(Principal office address)

Same

(Current mailing address)

8. TPA - Employee Drug + Alcohol testing -

(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:

DONNA R. Smith

Office Address:

8211 37th Ave North

St Petersburg, Florida

(City)

33710

(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)

DONNA R. Smith

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: Charles M Ash

Address: 505 20th St. No Suite 1200  
Birmingham, AL 35203

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

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

Director: Anoop Mishra

Address: 505 20th St. No Suite 1200  
Birmingham, AL 35203

Director: Dennis Bennett

Address: 505 20th St. No Suite 1200  
Birmingham, AL 35203

B. OFFICERS

President: Howard M. Strickler, M.D.

Address: 505 20th St. No Suite 1200  
Birmingham, AL 35203

Vice President: \_\_\_\_\_

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

Secretary: Cheri Nokes

Address: 505 20th St No Suite 1200

Treasurer: \_\_\_\_\_

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

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

13. [Signature]

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. Charles M. Ash

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

2011 DEC 19 PM 4:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED



# *State of Alabama*

## *Department of Revenue*

FILED  
2011 DEC 19 PM 4: 44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### **Certificate of Good Standing**

**Employers Drug Program Management, Inc.** is in compliance with the Alabama business privilege tax payment and return requirements in Chapter 14A, Title 40, Code of Alabama 1975 as of the date of issuance. This certificate is valid for sixty days from the date of issuance.

*IN WITNESS WHEREOF, I hereunto set my hand this date of November 08, 2011.*

*Richard A. Hammer*

*Director, Individual and Corporate Tax Division*

ATTEST:

*Richard A. Hammer*

Secretary

**Business Privilege Tax**

**Phone: 334-353-7923**

**Fax: 334-242-8915**

Request Date: November 08, 2011

Request Code: 1111085097937