

**F12000002644**

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.**

(((H12000165166 3)))



H120001651663ABC

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

**\*RE-SUBMIT\***

To:

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

Please retain original filing  
date of submission 6/21

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

**\*\*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  
INNOVATIVERX GULF COAST PHARMACY INC.**

Certificate of Status	0
Certified Copy	0
Page Count	067
Estimated Charge	\$70.00

FILED  
12 JUN 21 PM 4:05  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

RECEIVED

12 JUN 25 PM 12:34

RECEIVED

SECRETARY OF STATE  
TALLAHASSEE, FL 32301

Electronic Filing Menu

Corporate Filing Menu

Help

2012 JUN 26 10:03  
6/21/2012



June 22, 2012

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: INNOVATIVERX GULF COAST PHARMACY INC.  
REF: W12000033802

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

If you have any further questions concerning your document, please call (850) 245-6052.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H12000165166  
Letter Number: 412A00017271

**\*RE-SUBMIT\***

Please retain original filing  
date of submission 6/21

P.O BOX 6327 - Tallahassee, Florida 32314

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** InnovativeRx Gulf Coast Pharmacy 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:

Kristen D. O'Connor

Name of Person

Troutman Sanders LLP

Firm/Company

222 Central Park Avenue, Suite 2000

Address

Virginia Beach, Virginia 23462

City/State and Zip code

kristen.oconnor@troutmansanders.com

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

For further information concerning this matter, please call:

Kristen D. O'Connor

at

( 757 )

687-7574

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

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES; THE FOLLOWING IS SUBMITTED  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 JUN 21 PM 4:05

FILED

1. InnovativeRx Gulf Coast 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. Delaware

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

3. \_\_\_\_\_

(FEI number, if applicable)

4. June 13, 2012

(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. 1035 Collier Center Way, Suite No 2, Naples, Florida 34110

(Principal office address)

1035 Collier Center Way, Suite No 2, Naples, Florida 34110

(Current mailing address)

8. To engage in any lawful act or activity for which corporations may be organized

(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: Chris Menard

Office Address: 1035 Collier Center Way Suite No 2

Naples

(City)

Florida 34110

(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.*

By: \_\_\_\_\_

Chris Menard

(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.

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

A. DIRECTORS

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

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

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

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

Director: Brent T. Herman

Address: Suite 700, 635 - 8th Street SW, Calgary, Alberta, Canada T2P 3M3

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

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

B. OFFICERS

President: Brent T. Herman

Address: Suite 700, 635 - 8th Street SW, Calgary, Alberta, Canada T2P 3M3

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

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

Secretary: Spencer M. Coupland

Address: Bennett Jones LLP, 4500 Bankers Hall East, 855 2nd Street SW, Calgary, Alberta, Canada T2P 4K7

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

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

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

13. Brent T. Herman  
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. Brent T. Herman, President and Chief Executive Officer  
(Typed or printed name and capacity of person signing application)

FILED  
12 JUN 21 PM 4:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Addendum to Application by Foreign Corporation  
for Authorization to Transact Business in Florida**

**12.B. OFFICERS**

Chief Executive Officer: Brent T. Herman

Address: Suite 700, 635 - 8th Street SW, Calgary, Alberta, Canada T2P 3M3

FILED

12 JUN 21 PM 4:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INNOVATIVERX GULF COAST PHARMACY 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 TWENTIETH DAY OF JUNE, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

FILED

12 JUN 21 PM 4:05


SECRETARY OF STATE  
TALLAHASSEE, FL 32301



5169422 8300

120759810

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: 9657900

DATE: 06-20-12