

F12000004060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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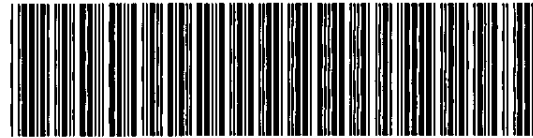
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL 32310

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## COVER LETTER

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

**SUBJECT:** AcariaHealth 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:

Renee Crain

Name of Person

AcariaHealth Pharmacy, Inc.

Firm/Company

6923 Lee Vista Blvd. Suite 300

Address

Orlando, FL. 32822

City/State and Zip code

licensing@acariahealth.com

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

For further information concerning this matter, please call:

Renee Crain

Name of Person

at ( 407 ) 903-1308 x 1034

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 TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA**

1. AcariaHealth 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. California

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

3. 13-4262384

(FEI number, if applicable)

4. 1-23-03

(Date of incorporation)

5. Perpetual

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

6. not open yet

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

7. 6923 Lee Vista Blvd. Suite 300A Orlando, FL. 32822

(Principal office address)

6923 Lee Vista Blvd. Suite 300 Orlando, FL. 32822

(Current mailing address)

8. Specialty 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: NRAI Services, Inc.

Office Address: 515 East Park Avenue

Tallahassee

(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.*

Michael Holder, Asst. Sec.

(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: see attached

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

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

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

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

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

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

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

**B. OFFICERS**

President: see attached

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

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

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

Secretary: \_\_\_\_\_

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

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

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

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

13. \_\_\_\_\_

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. Donald Howard, CEO

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

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12 OCT -3 PM 4:15  
SECRETARY OF STATE  
ALABAMA

# DISCLOSURE OF OFFICER, DIRECTORS AND COMMON OWNERSHIP

Name	Title	Street Address	Phone No.	Fax No.	Mailing/Residence Address	SSN/TIN	Date of Birth	Rph No.	Ownership	FEIN
<b>AcaniaHealth, Inc.</b>	Shareholder	6923 Lee Vista Blvd, Ste 300 Orlando, FL 32822-4703 New Add: 040212	407-903-1326	407-903-1323	600 Corporation Trust Company 1208 Orange Street Wilmington, DE 19801	45-2780334			100% of Pharmacy Entities	45-2780334
Donald Howard don.howard@acaniahealth.com	Chief Executive Officer Director	6923 Lee Vista Blvd, Ste 300 Orlando, FL 32822-4703	407-903-1326	407-903-1323	9121 Tibbet Point Circle Windermere, FL 34786		11/10/1958 (P.A.-inactive); Born: PA	RP0317891	0	
Jeffrey Fisher jeff.fisher@acaniahealth.com	Chief Operating Officer Director	6923 Lee Vista Blvd, Ste 300 Orlando, FL 32822-4703	412-287-7606	407-903-1323	563 Macleod Drive Gibsonia, PA 15044		5/13/1982 (PA); Born: PA	RP0341231	0	
Stephen Jensen step.jensen@acaniahealth.com	Chief Financial Officer	6923 Lee Vista Blvd, Ste 300 Orlando, FL 32822-4703	407-903-1326	407-903-1323	5801 Lake Melrose Drive Orlando, FL 32829		9/24/1983 Born: OH		0	
Matthew D. Angell matt.angell@acaniahealth.com	Director	6610 W Sam Houston Pkwy N Suite 330 Houston, TX 77041	832-300-1200	966-505-2636	8421 Merlin Drive Houston, Texas 77055		6/23/1967 Born: TX	32982 (TX); Born: TX	0	
Kerton Rosenberry kerton.rosenberry@acaniahealth.com	Director	601 Lexington Avenue, 55th Floor New York, NY 10022	212-207-3386	212-207-9031	61 East 85th Street #42 New York, NY 10028		8/20/1976 Born: NY		0	
Christopher Garcia cgarciade@acaniahealth.com	Director	601 Lexington Avenue, 55th Floor New York, NY 10022	212-207-3386	212-207-9031	298 Cannon Road Wilton, CT 06897		8/1/1961 Born: FL		0	
Samarth Chandra sachandra@acaniahealth.com	Director	601 Lexington Avenue, 55th Floor New York, NY 10022	212-207-3386	212-207-9031	78 Bank Street, Apt 19 New York, NY 10014		10/13/1980 Born: New Foundland, Canada		0	
Michael Fisher mfisher@acaniahealth.com	Director	601 Lexington Avenue, 55th Floor New York, NY 10022	212-207-3386	212-207-9031	81 Perry Street, Apt 48 New York, NY 10014		4/30/1966 Born: TX		0	

\*\*\*\*\* NO FAMILIAL RELATIONSHIPS \*\*\*\*\*

Specialty Therapeutic Care Holdings, Inc.	Indirect Owner	60 Corporation Trust Company 1208 Orange Street Wilmington, DE 19801	212-207-3386	212-207-9031	600 Corporation Trust Company 1208 Orange Street Wilmington, DE 19801	27-3617766	FEIN: 27-3617766		100% of AcaniaHealth, Inc.	27-3617766
Enhanced Equity Fund II, L.P.	Indirect Owner	601 Lexington Avenue, 55th Floor New York, NY 10022	212-207-3386	212-207-9031	601 Lexington Avenue, 55th Floor New York, NY 10022	27-1354553	FEIN: 27-1354553		67.61% of Specialty Therapeutic Care Holdings, Inc.	27-1354553
Patricia Hahn p.hahn@acaniahealth.com	Indirect Owner	213 Azusa Drive Long Beach, CA 90803	800-511-5144	323-262-9433	213 Azusa Drive Long Beach, CA 90803	27-60-7546	318/1984	Born: OH	6.0% of Specialty Therapeutic Care Holdings, Inc.	27-60-7546

Name	Home State License	Address	NCPDP	Medicare	NPI	FEIN
<b>AcaniaHealth Pharmacy #14, Inc.</b> Formerly known as Capstar Rx	50707 (CA)	4225 Northgate Blvd, Ste 2 Sacramento, CA 95834-1233	5638145	6466090001	1699098942	27-1599047
<b>AcaniaHealth Pharmacy #13, Inc.</b> Formerly known as El Rey Rx	50706 (CA)	5310 Whittier Blvd Los Angeles, CA 90022-4015	5615945	6091990001	1992796495	26-0226900
<b>AcaniaHealth Pharmacy #12, Inc.</b> Formerly known as Forest Hill Rx	030486 (NY)	101-04 Queens Blvd. Forest Hills, NY 11375-2749	5901952	6491660001	1811208071	27-2765424
<b>AcaniaHealth Pharmacy #11, Inc.</b> Formerly known as I.S. Rx	26485 (TX)	2301 Caroline Street, Unit A Houston, TX 77004-1013	4644424	5978650002	1623196045	20-8192615
<b>Fairfax Health Care Services, Inc.</b> aka Prosperity Pharmacy	470813001 (VA)	8505 Arlington Blvd., # 110 Fairfax, VA 22031	4837401	470813001	1912016940	41-2055462

# DISCLOSURE OF OFFICER, DIRECTORS AND COMMON OWNERSHIP

Specialty Rx, Inc. dba Prosperity Specialty Pharmacy, Inc.	0201004179 (NA)	2924 Telesar Court Falls Church, VA 22042	4840383	6101350001						1861687279	26-0170829
AcutriHealth Pharmacy, Inc. 12 OCT 2 PM 1:15		6923 Lee Vista Blvd, Suite 300A Orlando, FL 32822								0	13-4262384
Affiliate: Specialty Rx, Inc. dba Prosperity Specialty Pharmacy, Inc.											
Specialty Theatrical Care, LP	24102 (TX)	6610 W San Houston Pkwy #330 Houston, TX 77041	4535792	5428270001						1862406950	73-1698808

\*All owners have the same interest in each of these additional disclosing entities.

State of California  
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

ACARIAHEALTH PHARMACY, INC.

FILE NUMBER: C2494392  
FORMATION DATE: 01/23/2003  
TYPE: DOMESTIC CORPORATION  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

FILED  
12 OCT -3 PM 4:15  
SECRETARY OF STATE  
SALVADOR P. DE LA ROSA

I, DEBRA BOWEN, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to  
exercise all of its powers, rights and privileges in the State of  
California.

No information is available from this office regarding the financial  
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of  
California this day of September 06, 2012.

*Debra Bowen*

DEBRA BOWEN  
Secretary of State

RYM