

F13000001511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

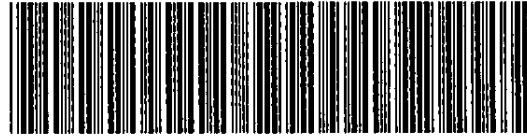
(Business Entity Name)

(Document Number)

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

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Office Use Only



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TALLAHASSEE FLORIDA

4/8  
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## COVER LETTER

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

**SUBJECT:** Rx Remote Solutions, 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:

BJ Hill

Name of Person

Comprehensive Pharmacy Services, Inc.

Firm/Company

6409 Quail Hollow Rd.

Address

Memphis, TN 38120

City/State and Zip code

bj.hill@cpspharm.com

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

For further information concerning this matter, please call:

BJ Hill

Name of Person

at ( 901 ) 748-0470

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. Rx Remote Solutions, 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. TN

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

3. 27-0376807

(FEI number, if applicable)

4. 06/17/2009

(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. 6409 Quail Hollow Rd., Memphis, TN 38120

(Principal office address)

6409 Quail Hollow Rd., Memphis, TN 38120

(Current mailing address)

8. Remote order processing for pharmacies in hospitals

(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: CT Corporation System

Office Address: 1200 S. Pine Island Road

Plantation

(City)

, Florida 33324

(Zip code)

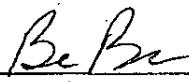
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STATE  
TALLAHASSEE  
FLORIDA

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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)

**Bernadette Baker**  
**Assistant Secretary**

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 List

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

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

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

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

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

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

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

**B. OFFICERS**

President: See Attached List

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. Barbara Etheridge \_\_\_\_\_  
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. Barbara Etheridge, Secretary \_\_\_\_\_  
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**Owner:**

**PPS Holdings, Inc.**  
TN Corporation est. 9/24/99

**President:**

Don Nickleson  
6409 Quail Hollow Road  
Memphis, TN 38120

**Secretary:**

Barbara Etheridge  
6409 Quail Hollow Road  
Memphis, TN 38120

**Treasurer:**

Brian Johnson  
6409 Quail Hollow Road  
Memphis, TN 38120

**Board of Directors:**

Donald J. Nickleson  
6409 Quail Hollow Road  
Memphis, TN 38120

Glenn Etow  
3151 Airway Ave., Suite L-2  
Costa Mesa, CA 92626

Barbara Hill  
212 Lambeth Rd.  
Baltimore, MD 21218

Andrew Kieffer  
5708 Calais Court  
Calabasas, CA 91302

Edward Yun  
10 Trailside Road  
Weston, MA 02493

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TALLAHASSEE FLORIDA



STATE OF TENNESSEE  
Tre Hargett, Secretary of State  
Division of Business Services  
William R. Snodgrass Tower  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

CT CORPORATION  
2390 E CAMELBACK ROAD  
PHOENIX, AZ 85016

March 21, 2013

Request Type: Certificate of Existence/Authorization  
Request #: 0092579

Issuance Date: 03/21/2013  
Copies Requested: 1

Document Receipt

Receipt #: 970188 Filing Fee: \$22.25  
Payment-Credit Card - TennesseeAnytime Online Payment #: 149492981 \$22.25

Regarding: RX REMOTE SOLUTIONS, INC.  
Filing Type: Corporation For-Profit - Domestic  
Formation/Qualification Date: 06/17/2009  
Status: Active  
Duration Term: Perpetual  
Business County: SHELBY COUNTY

Control #: 604570  
Date Formed: 06/17/2009  
Formation Locale: TENNESSEE  
Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

RX REMOTE SOLUTIONS, INC.

\* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;

\* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

\* has filed the most recent corporation annual report required with this office;

\* has appointed a registered agent and registered office in this State;

\* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

*Tre Hargett*  
Tre Hargett  
Secretary of State

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SECRETARY OF STATE  
NASHVILLE, TENNESSEE

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