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DEPARTMENT OF STATE

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SECRETARY OF STATE
UNVISION OF CORPORATIONS

W13-60229

863301-15



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 30, 2013

CSC

Fix ase give original submission date as file date.

SUBJECT: PROACT INC. Ref. Number: W13000060229

We have received your document for PROACT INC. and the authorization to debit your account in the amount of \$. However, the document has not been filed and is being returned for the following:

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

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) 245-6052.

Pamela Smith Regulatory Specialist II

Letter Number: 713A00025254

RECEIVED

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TATISION OF CORPORATION



ACCOUNT NO. : 12000000195								
REFERENCE : 8633.81 7118205								
AUTHORIZATION: Spellelena								
COST LIMIT : \$ 70.00								
ORDER DATE: October 29, 2013								
ORDER TIME : 11:31 AM								
ORDER NO. : 863381-015								
CUSTOMER NO: 7118205								
FOREIGN FILINGS								
NAME: PROACT INC.								
XXXX QUALIFICATION (TYPE: CO)								
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:								
CERTIFIED COPY								
XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING								
CONTACT PERSON: Susie Knight EXT# 52956								
EXAMINER:								

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.

ProAct Inc.					
	orporation; must include "INCORPORATI orp," "Inc," "Co," or "Corp.")	ED,	"COMPANY," "CORPORATION,"		
ProAct PBM, Ir	nc.				
(If name unavaila	ible in Florida, enter alternate corporate na	me	adopted for the purpose of transacting business in Florid	a)	
New York		3.	161571382		
	under the law of which it is incorporated)		(FEI number, if applicable)		
May 10, 1999		5.	Perpetual		
·	of incorporation)	٠.	(Duration: Year corp. will cease to exist or "perpetual	")	
Upon qualificat	tion				
, 29 East Main St	reet, Gouverneur, NY 13642 (Principal office	add	ress)		
	(Principal office	add	ress)		
29 East Main St	treet, Gouverneur, NY 13642			ســــــــــــــــــــــــــــــــــــ	9.4
	(Current mailing	add	ress)	80	Sign
Pharmacy serv	rices		·	129	2 P
· · · · · · · · · · · · · · · · · · ·) of corporation authorized in home state of	or co	ountry to be carried out in state of Florida)		CG C
. Name and stree	et address of Florida registered agent:	(P.	O. Box <u>NOT</u> acceptable)	₩ ₩	POX 45
Name:	Corporation Service Company	<u>-</u>		ស៊ី	TIONS
Office Address:	1201 Hays Street		4 0.44 = 11-11-		υ,
	Tallahassee		Florida 32301		
	(City)		(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:

Janet Budhu, Asst. Vice President

(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 John Dyer Chairman: 29 East Main Street, Gouverneur, NY 13642 Vice Chairman: Stephen P. McCoy Director: 29 East Main Street, Gouverneur, NY 13642 Warren D. Wolfson Director: 100 East Washington Street, Suite 206, Syracuse, NY 13202 **B. OFFICERS** David B. Warner 29 East Main Street, Gouverneur, NY 13642 Stephen P. McCoy 29 East Main Street, Gouverneur, NY 13642 Address: Warren D. Wolfson Secretary: 100 East Washington Street, Suite 206, Syracuse, NY 13202 Address: Stephen P. McCoy 29 East Main Street, Gouverneur, NY 13642 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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.

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

14. Warren D. Wolfson, Secretary

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of PROACT INC. was filed on 05/10/1999, under the name of PROACT PHARMACY SERVICES, INC., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

A Certificate of Amendment PROACT PHARMACY SERVICES, INC., changing its name to PROACT INC., was filed 04/07/2004.



Witness my hand and the official seal of the Department of State at the City of Albany, this 28th day of October two thousand and thirteen.

Anthony Giardina

Executive Deputy Secretary of State

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SECRETARY OF STATE DIVISION OF CORPORATIONS