

F13000005271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

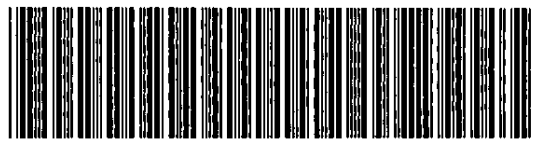
(Business Entity Name)

(Document Number)

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

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900253556539

12/10/13--01022--001    \*\*1100.00

11/12/13--01030--004    \*\*70.00

FILED  
13 DEC -9 PM 1:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1113-62832

YMD 12/10

**COVER LETTER**

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

**SUBJECT:** Quest Pharmaceuticals, 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:

Debra Boaz  
Name of Person

Quest Pharmaceuticals, Inc.  
Firm/Company

P.O. Box 270  
Address

Murray, KY 42071  
City/State and Zip code

dboaz@questpharmaceuticals.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tim Greer at ( 270 ) 759-1248  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 13, 2013

DEBRA BOAZ  
QUEST PHARMACEUTICALS, INC.  
P.O. BOX 270  
MURRAY, KY 42071

SUBJECT: QUEST PHARMACEUTICALS, INC.  
Ref. Number: W13000062832

We have received your document for QUEST PHARMACEUTICALS, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$1,100.00.

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.

Maryanne Dickey  
Regulatory Specialist II

Letter Number: 813A00026272

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. Quest Pharmaceuticals, 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. Kentucky

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

3. 61-1245795

(FEI number, if applicable)

4. August 27, 1993

(Date of incorporation)

5. Perpetual

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

6. July 1, 2009

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

7. 300 East Chestnut Street, Murray, KY 42071

(Principal office address)

P.O. Box 270, Murray, KY 42071

(Current mailing address)

8. Soliciting orders for wholesale generic drugs by phone

(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: Corporation Service Company

Office Address: 1201 Hays Street

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.*

Corporation Service Company

By: 

Krista Swenson, Assistant Secretary

(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.

FILED  
13 DEC -9 PM 1:0  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: Kevin E. Higgins

Address: 300 East Chestnut Street  
Murray, KY 42071

Vice Chairman: Michael C. Cappock

Address: 300 East Chestnut Street  
Murray, KY 42071

Director: Larry Runsdorf

Address: 300 East Chestnut Street  
Murray, KY 42071

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

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

**B. OFFICERS**

President: Kevin E. Higgins

Address: 300 East Chestnut Street  
Murray, KY 42071

Vice President: Michael C. Cappock

Address: 300 East Chestnut Street  
Murray, KY 42071

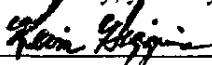
Secretary: Michael C. Cappock

Address: Murray, KY 42071

Treasurer: Michael C. Cappock

Address: Murray, KY 42071

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

13. , President

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. Kevin E. Higgins, President

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

RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
13 DEC -9 PM 1:01

Commonwealth of Kentucky  
Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

Certificate of Existence

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
13 DEC -9 PM 1:01

FILED

Authentication number: 144661  
Visit <https://app.sos.ky.gov/ftshow/certvalidate.aspx> to authenticate this certificate.

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

**QUEST PHARMACEUTICALS, INC.**

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is August 27, 1993 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that Articles of Dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 31<sup>st</sup> day of October, 2013, in the 222<sup>nd</sup> year of the Commonwealth.



*Alison Lundergan Grimes*  
Alison Lundergan Grimes  
Secretary of State  
Commonwealth of Kentucky  
144661/0319520