

F14000004996

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

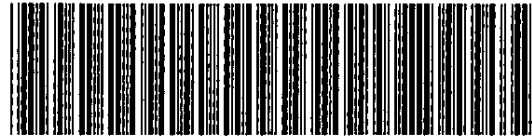
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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11/04/14--01013--010 \*\*70.00

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14 NOV 25 04:17 41  
FALLSBORO, MA  
RECEIVED

W14-67886

11/26/14



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

14 NOV 25 AM 11:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

November 10, 2014

ELIZABETH PROKOPIK  
PHARMAKON LONG TERM CARE PHARMACY, INC.  
801 CONGRESSIONAL BLVD., SUITE 200A  
CARMEL, IN 46032

SUBJECT: PHARMAKON LONG TERM CARE PHARMACY, INC.  
Ref. Number: W14000067886

We have received your document for PHARMAKON LONG TERM CARE PHARMACY, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return the corrected original and one copy of 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.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 014A00023947

## COVER LETTER

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

**SUBJECT:** Pharmakon Long Term Care 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:

Elizabeth Prokopik

Name of Person

Pharmakon Long Term Care Pharmacy, Inc.

Firm/Company

801 Congressional Blvd, Suite 200A

Address

Carmel, Indiana 46032

City/State and Zip code

eprokopik@pharmakonrx.net

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

For further information concerning this matter, please call:

Elizabeth Prokopik at ( 317 ) 850-1913

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

1. **Pharmakon Long Term Care 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. **Indiana** 3. **05-0557256**

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

(FEI number, if applicable)

4. **03/07/2003**

5. **Perpetual**

(Date of incorporation)

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

6. **June 2014**

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **801 Congressional Blvd, Suite 200A Carmel, Indiana 46032**

(Principal office address)

**810 Congressional Blvd, Suite 200A Carmel, Indiana 46032**

(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **Carol Anne Novotny-Elmer**

Office Address: **6137 Pasanda Point Blvd**

**Gulfport**

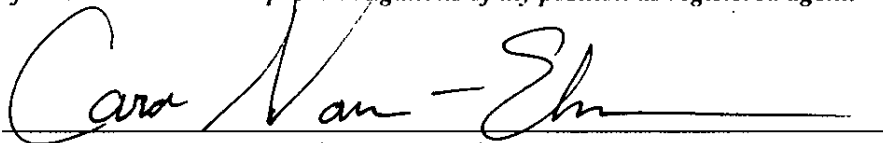
(City)

, Florida **33707**

(Zip code)

9. **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)

10. 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.

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14 NOV 25 PM 12:41  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: Paul J. Elmer

Address: 13018 New Britton Drive  
Fishers, Indiana 46038

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

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

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

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

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

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

**B. OFFICERS**

President: Paul J. Elmer

Address: 13018 New Britton Drive  
Fishers, Indiana 46038

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

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

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

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

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

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

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

12. \_\_\_\_\_

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.

13. Paul J. Elmer, President

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

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INDIANA DEPARTMENT OF STATE  
INDIANAPOLIS, INDIANA

**STATE OF INDIANA  
OFFICE OF THE SECRETARY OF STATE  
CERTIFICATE OF EXISTENCE**

To Whom These Presents Come, Greetings:

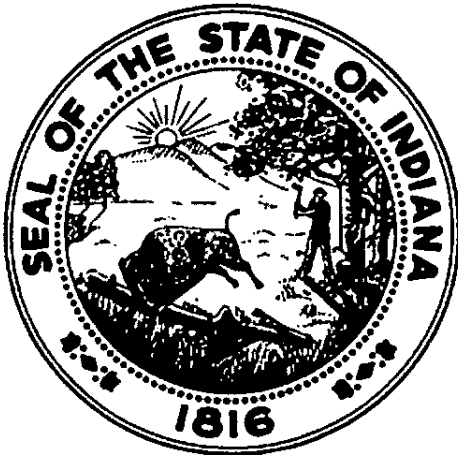
I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

**PHARMAKON LONG TERM CARE PHARMACY, INC.**

duly filed the requisite documents to commence business activities under the laws of State of Indiana on March 07, 2003, and was in existence or authorized to transact business in the State of Indiana on October 22, 2014.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Twenty-Second Day of October, 2014.

*Connie Lawson*

Connie Lawson, Secretary of State

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INDIANAPOLIS, IN