

**F15000004385**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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H150002370253ABCZ

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 205-8842  
Fax Number : (850) 878-5368

2015 OCT -2 AM 8:56  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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

**FOREIGN PROFIT/NONPROFIT CORPORATION**

**Pharmacy OneSource, Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$70.00

RECEIVED  
15 OCT -2 PM 1:42  
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OCT 05 2015  
J. HARRIS

10/2/2015 1:35:10 PM From: To: 8506176383( 2/7 )

## COVER LETTER

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

**SUBJECT:** Pharmacy OneSource, 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:**

Erin Sanders

Name of Person

Wolters Kluwer

Firm/Company

2700 Lake Cook Rd

**Address**

Riverwoods, IL 60015-3867

City/State and Zip code

wkuslawdept@wolterskluwer.com

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

**For further information concerning this matter, please call:**

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
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. Pharmacy OneSource, 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. Delaware 3. 91-2028780  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 02/28/2000 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 3535 Factoria Blvd., Bellevue, WA 98006  
(Principal office address)

3535 Factoria Blvd., Bellevue, WA 98006  
(Current mailing address)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(City) (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.*

C T Corporation System

By:

Jan M. Halpin

(Registered agent's signature)

James M. Halpin  
Assistant Secretary

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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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

A. DIRECTORS *SEE ATTACHMENT*

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

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

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

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

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

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

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

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

B. OFFICERS *SEE ATTACHMENT*

President: David Del Toro

Address: 800 Washington Ave N, Ste 400  
Minneapolis, MN 55401

Vice President: Peter F. Healy

Address: 2700 Lake Cook Road  
Riverwoods, IL 60015

Secretary: Deidra D. Gold

Address: 2700 Lake Cook Road, Riverwoods, IL 60015

Treasurer: Dustin Gallegos

Address: 4600 Syracuse St., Suite 1200, Denver, CO 80237

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. Deidra D. Gold Secretary

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

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

10/2/2015 1:35:10 PM From: To: 8506176383( 5/7 )

**Attachment to Florida  
Officers & Directors**

- 1 Full Name: Elizabeth Satin  
Officer/Director: Officer  
Officer's Title: Senior Vice President  
Director's Title:  
Business Address: 76 Ninth Ave 13th floor  
City: New York  
State: NY  
ZIP Code: 10011
- 2 Full Name: James P. Rossman  
Officer/Director: Officer  
Officer's Title: Vice President & Assistant Treasurer  
Director's Title:  
Business Address: 2700 Lake Cook Road  
City: Riverwoods  
State: IL  
ZIP Code: 60015
- 3 Full Name: Leo Barbaro  
Officer/Director: Officer  
Officer's Title: Vice President & General Manager  
Director's Title:  
Business Address: 4600 Syracuse Street, Suite 1200  
City: Denver  
State: CO  
ZIP Code: 80237
- 4 Full Name: Susan Yules  
Officer/Director: Director  
Officer's Title:  
Director's Title: Director  
Business Address: 76 Ninth Ave 7th floor  
City: New York  
State: NY  
ZIP Code: 10011
- 5 Full Name: David Del Toro

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10/2/2015 1:35:10 PM From: To: 8506176383( 6/7 )

Officer/Director:	Director
Officer's Title:	
Director's Title:	Director
Business Address:	800 Washington Ave N Ste 400
City:	Minneapolis
State:	MN
ZIP Code:	55401
6 Full Name:	Diana L. Nole
Officer/Director:	Director
Officer's Title:	
Director's Title:	Director
Business Address:	2001 Market Street
City:	Philadelphia
State:	PA
ZIP Code:	19103

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PHARMACY ONESOURCE, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF OCTOBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



3184306 8300

SR# 20150351755

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 10168639

Date: 10-01-15