PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Dec 28, 2016 08:00 AM
Secretary of State

DOCUMENT # F15000004385

1. Corporation Name

PHARMACY ONESOURCE, INC.

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3535 FACTORIA BLVD	2700 LAKE COOK ROAD
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: BELLEVUE, WA	City & State: RIVERWOODS, IL
Zip: 98006 Country: USA	Zip: 60015 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/02/2015

5. FEI Number: 91-2028780 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City: PLANTATION State: FL Zip Code: 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: James M. Halpin Assistant Secretary — REGISTERED AGENT MUST SIGN

Date: 12/27/2016

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	David Del Toro	800 Washington Ave N	Minneapolis, MN 55401
Sec	Deidra D. Gold	2700 Lake Cook road	Riverwoods, IL 60015
VP	Peter F. Healy	2700 Lake Cook Road	Riverwoods, IL 60015

10. **E-mail Address:** WKUSLAWDEPT@WOLTERSKLUWER.COM
(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am 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.

SIGNATURE: Deidra D. Gold — 12/27/16 — 847-580-5045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4/25/17 FLORIDA DIVISION OF CORPORATIONS 4:55 PM

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TO: DIVISION OF CORPORATIONS FAX #: (850)922-4004

FROM: C T CORPORATION SYSTEM ACCT#: FCA000000023
CONTACT: KIM LAUGHREY
PHONE: (614)280-3338 FAX #: (954)208-0845

NAME: PHARMACY ONESOURCE, INC.
AUDIT NUMBER.....H16000317157
DOC TYPE.....CORPORATION REINSTATEMENT
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