

F16000003046

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer: W16-42726  
Cert. must match app.

Office Use Only



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2016 JUN -7 P 4:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S Warren

JUL 08 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 27, 2016

PINNACLE PHARMACY \*\*\*2ND MAILING\*\*\*  
18899 N. THOMPSON PEAK PARKWAY  
ATTN: MARK BOESEN  
SCOTTSDALE, AZ 85255

SUBJECT: PINNACLE PHARMACY OF ARIZONA, INC.  
Ref. Number: W16000042726

We have received your document for PINNACLE PHARMACY OF ARIZONA, 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):

Certificate must match name on 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) 245-6051.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 416A00012350



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 10, 2016

BARBARA PETRONZIO  
17255 N. 82ND STREET, SUITE 130  
SCOTTSDALE, AZ 85255

SUBJECT: PINNACLE PHARMACY OF ARIZONA, INC.  
Ref. Number: W16000042726

We have received your document for PINNACLE PHARMACY OF ARIZONA, 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):

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Stacey M Warren  
Regulatory Specialist II

Letter Number: 416A00012350

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Pinnacle 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:

Barbara Petronzio  
Name of Person  
Pinnacle Pharmacy  
Firm/Company  
17255 N 82<sup>nd</sup> St. Ste 130  
Address  
Scottsdale, AZ 85255  
City/State and Zip code  
bpetronzio@fshsrx.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbara Petronzio at (602) 638-2534  
Name of Person Area Code Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration 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. Pinnacle Pharmacy, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Pinnacle Pharmacy of Arizona, Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Arizona

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

3. 47-4609070

(FEI number, if applicable)

4. 7/15/15

(Date of incorporation)

5. \_\_\_\_\_

(Date of duration, if other than perpetual)

6. N/A

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

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

7. 17255 N 82nd St, Ste 130, Scottsdale, AZ 85255

(Principal office address)

(Current mailing address, if different)

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

Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee

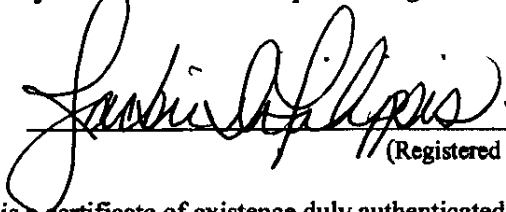
(City)

, Florida 33470

(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.*



Jackie DeFilippis on behalf of InCorp Services, Inc.

(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.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: Mark Boesen

Address: 18899 N. Thompson Peak Pkwy  
Scottsdale, AZ 85255

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

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

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

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

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

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

**B. OFFICERS**

President: Barbara Petronzio

Address: 17255 N 82<sup>nd</sup> St, Ste 130  
Scottsdale, AZ 85255

Vice President: Kevin Kriel

Address: 17255 N 82<sup>nd</sup> St, Ste 130  
Scottsdale, AZ 85255

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

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

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

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

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

12. Barbara Petronzio  
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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. Barbara Petronzio - President

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

FILED  
2007 DEC 17 P 4:21  
CLERK OF STATE  
TAMPA FLORIDA

# STATE OF ARIZONA



## Office of the CORPORATION COMMISSION

### CERTIFICATE OF GOOD STANDING

To all to whom these presents shall come, greeting:

I, Jodi A. Jerich, Executive Director of the Arizona Corporation Commission, do hereby certify that

**\*\*\*PINNACLE PHARMACY, INC.\*\*\***

a domestic corporation organized under the laws of the State of Arizona, did incorporate on July 15 2015.

I further certify that according to the records of the Arizona Corporation Commission, as of the date set forth hereunder, the said corporation is not administratively dissolved for failure to comply with the provisions of the Arizona Business Corporation Act; and that its most recent Annual Report, subject to the provisions of A.R.S. sections 10-122, 10-123, 10-125 & 10-1622, has been delivered to the Arizona Corporation Commission for filing; and that the said corporation has not filed Articles of Dissolution as of the date of this certificate.

This certificate relates only to the legal existence of the above named entity as of the date issued. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's condition or business activities and practices.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, the Capital, this 10th day of August, 2015, A. D.



  
Jodi A. Jerich, Executive Director

By: 1275758