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TO: ALEXANDER BOOP  
SECRETARY OF FILING

K. SALY  
EXAMINER  
JUL 18

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 217582 7560834  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 70.00

ORDER DATE : July 15, 2016  
ORDER TIME : 12:49 PM  
ORDER NO. : 217682-005  
CUSTOMER NO: 7560834

FOREIGN FILINGS

NAME: EAST GOSHEN PHARMACY, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** East Goshen 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:

Robin Flynn

Name of Person

BioScrip, Inc.

Firm/Company

1600 Broadway, Suite 950

Address

Denver, CO 80202

City/State and Zip code

robin.flynn@bioscrip.com

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

For further information concerning this matter, please call:

Robin Flynn

914

460-1649

at ( )

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.*

East Goshen Pharmacy, Inc.

1. \_\_\_\_\_  
(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. Pennsylvania 3. 23-2499158  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. March 21, 1988 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

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

1600 Broadway, Suite 950, Denver, CO 80202  
7. \_\_\_\_\_  
(Principal office address)

Same as principal office  
\_\_\_\_\_  
(Current mailing address, if different)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301  
(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.*

Corporation Service Company

By: \_\_\_\_\_

(Registered agent's signature)

Melissa Zender  
Asst. Vice President

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

**A. DIRECTORS**

Chairman: Richard Smith

Address: 1600 Broadway, Suite 950  
Denver, CO 80202

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

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

Director: Kathryn Stalmack

Address: 1600 Broadway, Suite 950  
Denver, CO 80202

Director: Jeffrey Kreger

Address: 1600 Broadway, Suite 950  
Denver, CO 80202

**B. OFFICERS**

President: Richard Smith

Address: 1600 Broadway, Suite 950  
Denver, CO 80202

Vice President: James Melancon

Address: 1600 Broadway, Suite 950  
Denver, CO 80202

Secretary: Kathryn Stalmack

Address: 1600 Broadway, Suite 950, Denver, CO 80202

Treasurer: Jeffrey Kreger

Address: 1600 Broadway, Suite 950, Denver, CO 80202

**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 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. Kathryn Stalmack, Sr. Vice President, General Counsel and Secretary

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

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Continued:

Director for Foreign Corporation Filing – West Virginia

Name	Title	Business Address
Kathryn Stalmack	Director	1600 Broadway, Suite 950 Denver, CO 80202

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COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

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TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

EAST GOSHEN PHARMACY, INC.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set  
my hand and caused the Seal of the Secretary's  
Office to be affixed, the day and year above written

*Pedro A. Contes*

Secretary of the Commonwealth

Certification Number: TSC160715120711-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify.aspx>