

F/60000035/1

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA0000000023  
Phone : (850) 205-8842  
Fax Number : (850) 878-5368

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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**

**Avella Patient Access Program, Inc.**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

8/5/2016 11:14:19 AM From: To: 8506176383( 2/6 )

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Avella Patient Access Program, 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:

Deborah Rayburn

Name of Person

Avella Patient Access Program, Inc.

Firm/Company

1606 W. Whispering Wind Drive 2nd Floor

Address

Phoenix, AZ 85085

City/State and Zip code

deborah.rayburn@avella.com

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

For further information concerning this matter, please call:

Deborah Rayburn

at ( 623 ) 474-1414

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. Avella Patient Access Program, 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. Arizona

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

3. 35-2563332

(FEI number, if applicable)

4. 04/11/2016

(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. 100 Technology Park, Ste. 157 Lake Mary, FL 32746

(Principal office address)

1606 W. Whispering Wind Drive 2nd Floor Phoenix AZ 85085

(Current mailing address, if different)

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, FL 33324

(City)

, Florida \_\_\_\_\_

(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: Jane Zachritz

(Registered agent's signature)

**Jane Zachritz  
Asst. 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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11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: see attached

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

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

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

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

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

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

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

B. OFFICERS

President: see attached

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

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

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

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

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

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

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

NOTE: If necessary, you may attach an addendum to this 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 this information submitted in a document to the Department of State constitutes a third degree felony as provided for in § 817.155, F.S.

13. John D. Musil Chairman

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

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**Avella Patient Access Program, Inc.**

BOARD OF DIRECTORS:

Rebecca Shanahan-Director

1606 W. Whispering Wind Drive 2<sup>nd</sup> Floor, Phoenix, AZ 85085  
623-742-1700

John D. Musil-Chairman

1606 W. Whispering Wind Drive 2<sup>nd</sup> Floor, Phoenix, AZ 85085  
623-742-1700

Robert Zielinski – Secretary

10900 Wilshire Blvd #850, Los Angeles, CA 90024  
310-405-7200

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OFFICERS

Rebecca M Shanahan, CEO/President

1606 W. Whispering Wind Drive 2<sup>nd</sup> Floor, Phoenix, AZ 85085  
623-742-1700

John D Musil, Chairman

1606 W. Whispering Wind Drive 2<sup>nd</sup> Floor, Phoenix, AZ 85085  
623-742-1700

Robert A Zielinski – Secretary

10900 Wilshire Blvd #850, Los Angeles, CA 90024  
310-405-7200

Wes Edwards, CFO

1606 W. Whispering Wind Drive 2<sup>nd</sup> Floor, Phoenix, AZ 85085  
623-742-1700

# 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

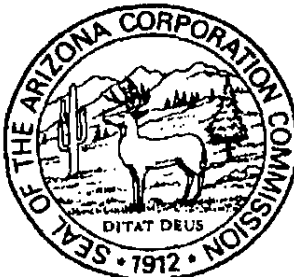
\*\*\**AVELLA PATIENT ACCESS PROGRAM, INC.*\*\*\*

a domestic corporation organized under the laws of the State of Arizona, did incorporate on April 11 2016.

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 4th day of August, 2016, A. D.



*Jodi A. Jerich*  
Jodi A. Jerich, Executive Director

By: 1482919

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