

File 000000 4653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

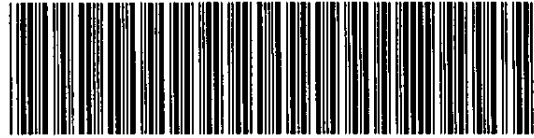
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200291159512

10/17/16--01014--022 **78.75

FILED
OCT 17 AM 9:54
J. HARRIS

OCT 18 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Independent Health's Pharmacy Benefit Dimensions, LLC.
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:

Mark G. Fulton, Director, PBM Programs and Compliance
Name of Person

Independent Health's Pharmacy Benefit Dimensions, LLC.
Firm/Company

511 Farber Lakes Drive
Address

Buffalo, NY 14221
City/State and Zip code

mark.fulton@pbdrx.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark G. Fulton at (716) 635-4970
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. Independent Health's Pharmacy Benefit Dimensions, LLC.

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

Pharmacy Benefit Dimensions

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

2. New York 3. 65-1261165
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. August 09, 2005 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)

7. 511 Farber Lakes Drive, Buffalo, NY 14221
(Principal office address)

(Current mailing address, if different)

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

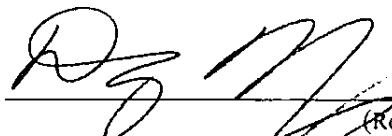
Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, 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.



(Registered agent's signature)

Dang Nguyen, 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.

FILED
16 OCT 17 AM 9:54
CLERK OF THE COURT
STATE OF FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Michael W. Cropp, M.D., President and Chief Executive Officer

Address: 511 Farber Lakes Drive, Buffalo, NY 14221

Vice President: Thomas J. Foels, M.D., Executive Vice President and Chief Medical Officer

Address: 511 Farber Lakes Drive, Buffalo, NY 14221

Secretary: John Rodgers, R.Ph., Executive Vice President and Chief Operating Officer

Address: 511 Farber Lakes Drive, Buffalo, NY 14221

Treasurer: Mark Johnson, Executive Vice President and Chief Financial Officer

Address: 511 Farber Lakes Drive, Buffalo, NY 14221

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. John Rodgers, R.Ph., Executive Vice President and Chief Operating Officer

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

15 OCT 17 AM 9:54
STATE DEPARTMENT

2017-16

State of New York
Department of State } ss:

I hereby certify, that INDEPENDENT HEALTH'S PHARMACY BENEFIT DIMENSIONS, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 08/09/2005, and that the Limited Liability Company is existing so far as shown by the records of the Department.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 13th day of September two
thousand and sixteen.*

Anthony Giardina

Executive Deputy Secretary of State