F18000008811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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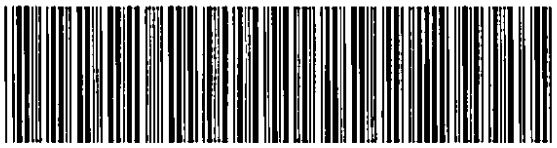

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: American Society of Health-System Pharmacists, Inc. (ASHP)
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Candice Strait
Name of Person

Labyrinth, Inc.
Firm/Company

1808 Aston Avenue, Suite 230
Address

Carlsbad, CA 92008
City/State and Zip Code

candice@labyrinthinc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Candice Strait (Name of Person) at (760) (Area Code) 444-5056 ext. 2 (Daytime Telephone Number)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. American Society of Health-System Pharmacists, Inc. (ASHP)
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

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

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

3. 52-0807628
(FEI number, if applicable)

4. 9/18/1984
(Date of Incorporation)

5. Perpetual
(Date of duration, if other than perpetual)

6. 1/1/2018
(Date first conducted affairs in Florida if prior to registration. *See sections 617.1501 & 617.1502, F.S, to determine penalty liability.*)

7. 4500 East-West Highway, Suite 900, Bethesda, MD 20814
(Principal office address)

Same as street address
(Current mailing address, if different)

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8. See attached statement of purpose
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. 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)

10. **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.

Rebecca Mary InCorp Services Inc.
(Registered agent's signature)

11. 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.

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: Paul W. Bush

Address: 4500 East-West Highway, Suite 900, Bethesda, MD 20814

Vice Chairman: Kelly M. Smith

Address: 4500 East-West Highway, Suite 900, Bethesda, MD 20814

Director: Thomas J. Johnson

Address: 4500 East-West Highway, Suite 900, Bethesda, MD 20814

Director: Timothy R. Brown

Address: 4500 East-West Highway, Suite 900, Bethesda, MD 20814

B. OFFICERS

President: Paul Abramowitz

Address: 4500 East-West Highway, Suite 900, Bethesda, MD 20814

Vice President: Paula Tiedemann

Address: 4500 East-West Highway, Suite 900, Bethesda, MD 20814

Secretary: Paul Abramowitz

Address: 4500 East-West Highway, Suite 900, Bethesda, MD 20814

Treasurer: Thomas J. Johnson

Address: 4500 East-West Highway, Suite 900, Bethesda, MD 20814

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

13. Paula S. Tiedemann
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Paula Tiedemann, General Counsel, Senior Vice President and Chief Compliance Officer
(Typed or printed name and capacity of person signing application)

American Society of Health-System Pharmacists, Inc. (ASHP)
4500 East-West Highway, Suite 900
Bethesda, MD 20814
866-279-0681

PURPOSE OF THE ORGANIZATION

American Society of Health-System Pharmacists, Inc. (ASHP) believes that the mission of pharmacists is to help people make the best use of medications. The mission of ASHP is to advance and support the professional practice of pharmacists in hospitals and health systems and serve as their collective voice on issues related to medication use and public health.

PURPOSE AND ACTIVITIES TO BE CONDUCTED IN STATE

American Society of Health-System Pharmacists, Inc. (ASHP) will manage online learning programs and educational initiatives; coordinate marketing activities for educational and certification programs; and develop and execute projections related to board certification preparatory review course and recertification curriculum based programs for pharmacists and other healthcare professionals.

STATE OF MARYLAND
Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS, INC. (ASHP) (D01773134), INCORPORATED SEPTEMBER 18, 1984, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE
CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND, AT BALTIMORE ON THIS JANUARY 18, 2018.

18 FEB 14 AM 9:19

TALLAHASSEE, FLORIDA

FILED

Michael L. Higgs
Director

301 West Preston Street, Baltimore, Maryland 21201
Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice