

F/ 8000001096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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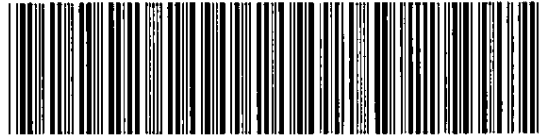
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
18 MAR -6 PM 4: 19

FILED
18 MAR -6 AM 8: 57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS


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

ACCOUNT NO. : I20000000195

REFERENCE : 097570 7118205

AUTHORIZATION :

COST LIMIT : \$ 78.75



ORDER DATE : March 6, 2018

ORDER TIME : 12:0 PM

ORDER NO. : 097570-005

CUSTOMER NO: 7118205

FOREIGN FILINGS

NAME: KPH HEALTHCARE SERVICES, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: _____

**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.*

KPH HEALTHCARE SERVICES, INC.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")
- _____
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
NEW YORK 15-0358720
2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
04/01/1920
4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
N/A
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
29 EAST MAIN STREET, GOUVERNEUR, NY 13642
7. _____
(Principal office address)
- _____
(Current mailing address, if different)

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

Name: _____
1201 HAYS STREET

Office Address: _____
TALLAHASSEE 32301
_____, Florida _____
(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)

Roxanne Turner
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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

SEE SCHEDULE ATTACHED

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

SEE SCHEDULE ATTACHED

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12. Warren D. Wolfson, Sec.

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.

WARREN D. WOLFSON, SECRETARY

13. _____

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

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18 MAR -6 AM 8 58
DEPARTMENT OF STATE
HALLWAY ROOM 1100
TALLAHASSEE FLORIDA

KPH HEALTHCARE SERVICES, INC.**Schedule of Officers**

<u>Name</u>	<u>Title</u>	<u>Address</u>
Craig C. Painter	Executive Chairman	6333 Route 298 East Syracuse, NY 13057
Bridget-ann Hart, R.Ph.	President and CEO	6333 Route 298 East Syracuse, NY 13057
Stephen P. McCoy, CPA	Executive VP, COO, Treasurer, Assist. Sec.	6333 Route 298 East Syracuse, NY 13057
James Spencer	Executive VP KPH Admin. Support Serv., President Kinney Drug Stores	6333 Route 298 East Syracuse, NY 13057
David B. Warner	Executive VP Commercial Divisions	6333 Route 298 East Syracuse, NY 13057
Charles Aquilina	VP Pharmacy Supply Chain Optimization	6333 Route 298 East Syracuse, NY 13057
Michael Burgess	VP Financial Planning and Treasury Services	29 East Main Street Gouverneur, NY 13642
Pavi Chigateri	VP Information Services And CTO	6333 Route 298 East Syracuse, NY 13057
Richard Cognetti, Jr.	VP Merchandising	29 East Main Street Gouverneur, NY 13642
Michael D Duteau, R.Ph.	VP Business Development And Strategic Relations	6333 Route 298 East Syracuse, NY 13057
David C. McClure	VP Real Estate	29 East Main Street Gouverneur, NY 13642
Richard McNulty	VP Human Resources	29 East Main Street Gouverneur, NY 13642
Michael Szwajkos	VP Trade Relations	6333 Route 298 East Syracuse, NY 13057
Warren D. Wolfson, Esq.	Secretary	100 East Washington Street Syracuse, NY 13202

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SECRETARY OF STATE
ALBANY, NY 12244

KPH HEALTHCARE SERVICES, INC.

Schedule of Directors

<u>Name</u>	<u>Address</u>
Craig C. Painter	6333 Route 298, East Syracuse, NY 13057
David Bellaire	6333 Route 298, East Syracuse, NY 13057
Joseph Courtright	6333 Route 298, East Syracuse, NY 13057
John R. Dyer	6333 Route 298, East Syracuse, NY 13057
Larry Greco	6333 Route 298, East Syracuse, NY 13057
Bridget-ann Hart, R.Ph.	6333 Route 298, East Syracuse, NY 13057
David C. McClure	29 East Main Street, Gouverneur, NY 13642
Stephen P. McCoy, CPA	6333 Route 298, East Syracuse, NY 13057
Warren D. Wolfson, Esq.	100 East Washington Street, Syracuse, NY 13202

State of New York
Department of State } ss:

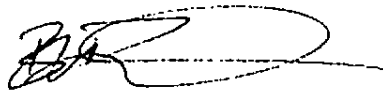
I hereby certify, that the Certificate of Incorporation of KPH HEALTHCARE SERVICES, INC. was filed on 04/01/1920, under the name of MILLER DRUG COMPANY, INC., fixing the duration as perpetual, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

A Certificate of Amendment MILLER DRUG COMPANY, INC., changing its name to B. O. KINNEY INC., was filed 10/19/1927.

A Certificate of Amendment B. O. KINNEY INC., changing its name to KINNEY DRUGS, INC., was filed 01/07/1972.

A Certificate of Amendment KINNEY DRUGS, INC., changing its name to KPH HEALTHCARE SERVICES, INC., was filed 04/01/2014.

*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 05th day of March
two thousand and eighteen.*



Brendan W. Fitzgerald
Executive Deputy Secretary of State

