

F22000004998

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

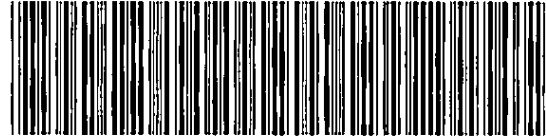
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. FRANKLIN

AUG - 9 2022

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 08/08/2022
Acc#120160000072

W: C D W

Name:	PrescriberPoint Corp
Document #:	
Order #:	14481550

Certified Copy of Arts & Amend:	☐		
Plain Copy:	☐		
Certificate of Good Standing:	☐		
Certified Copy of	☐		
Apostille/Notarial Certification:	☐	Country of Destination:	
		Number of Certs:	

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Verifier _____
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Ref# _____

Amount: \$ 78.75

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PrescriberPoint Corp.

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:

Joseph R. Morrison, Jr.

Name of Person

Bodman P.L.C

Firm/Company

201 South Division Street, Suite 400

Address

Ann Arbor, Michigan 48103

City/State and Zip code

jmorrison@bodmanlaw.com

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

For further information concerning this matter, please call:

Ashley Sellers

at (734) 930-5689

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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. PrescriberPoint Corp.
(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. Delaware 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. August 5, 2021 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. Lilly Corporate Center, 893 Delaware St., Indianapolis, Indiana 46285
(Principal office street 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.

Stephanie Henz

(Registered agent's signature)
Stephanie Henz Assistant 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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

2024-08-03 PM 2:08

A. DIRECTORS

☐ Chairman Name: Daniel Cornwell

☐ Vice Chairman Address: 893 Delaware Street

☒ Director Indianapolis, IN 46285

☒ President _____

☐ Vice President _____

☐ Secretary ☒ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Diogo Rau

☐ Vice Chairman Address: 893 Delaware Street

☒ Director Indianapolis, IN 46285

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Anat Ashkenazi

☐ Vice Chairman Address: 893 Delaware Street

☒ Director Indianapolis, IN 46285

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Philip L. Johnson

☐ Vice Chairman Address: 893 Delaware Street

☒ Director Indianapolis, IN 46285

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Ajit Rajput

☐ Vice Chairman Address: 893 Delaware Street

☐ Director Indianapolis, IN 46285

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other COO ☐ Other _____

☐ Chairman Name: Joseph Fletcher

☐ Vice Chairman Address: 893 Delaware Street

☐ Director Indianapolis, IN 46285

☐ President _____

☐ Vice President _____

☒ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. Daniel Cornwell 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. Daniel Cornwell, CEO & President
(Typed or printed name and capacity of person signing application)

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PRESCRIBERPOINT CORP." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF AUGUST, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PRESCRIBERPOINT CORP." WAS INCORPORATED ON THE FIFTH DAY OF AUGUST, A.D. 2021.

2024/07-08 PM 2:36




Jeffrey W. Bullock, Secretary of State

6143937 8300

SR# 20223199002

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204105154

Date: 08-08-22