

11/7/22, 2:09 PM

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet
F22000006875

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000380590 3)))



H220003805903ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP
 Account Number : I2004000031
 Phone : (800)906-9220
 Fax Number : (800)906-9880

****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
 DCS PHARMACY, INC**

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$78.75

RECEIVED
 DIVISION OF STATE
 MAIL SERVICES
 11/07/2022

2022 NOV - 7 PM 12: 07

APPROVED
 AND
 FILED

Electronic Filing Menu

Corporate Filing Menu

Help

NOV 07 2022
 K. Brumley

(((H22000380590 3)))

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. DCS PHARMACY, INC
(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)
2. NEW YORK 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 07/26/1985 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. 1602 LAKELAND AVENUE, BOHEMIA, NY 11716
(Principal office street address)
1602 LAKELAND AVENUE, BOHEMIA, NY 11716
(Current mailing address, if different)

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

Name: Registered Agent Solutions, Inc.
Office Address: 155 Office Plaza Dr. Suite A
Tallahassee, Florida 32301
(City) (Zip code)

APPROVED
AND
FILED
2022 NOV - 7 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Avi Weiss, Assistant Secretary

(Registered agent's signature)

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.

(((H22000380590 3)))

A. DIRECTORS

☐ Chairman Name: KEVIN MINASSIAN

☐ Vice Chairman Address: 16 MICHAELS WAY

☐ Director WESTHAMPTON BEACH, NY 11978

☒ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ 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. Kevin Minassian
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. KEVIN MINASSIAN, PRESIDENT
(Typed or printed name and capacity of person signing application)

(((H22000380590 3)))

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	DCS PHARMACY, INC
DOS ID Number:	1014706
Entity Type:	DOMESTIC BUSINESS CORPORATION
Entity Status:	EXISTING
Date of Initial Filing with DOS:	07/26/1985
Statement Status:	CURRENT
Statement Due Date:	07/31/2023

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type:	CERTIFICATE OF INCORPORATION
Date of Filing:	07/26/1985
Entity Name:	DCS PHARMACY, INC

Document Type:	BIENNIAL STATEMENT
Date of Filing:	07/13/1995
Effective Date:	07/01/1993

Document Type:	BIENNIAL STATEMENT
Date of Filing:	07/16/1997
Effective Date:	07/01/1997

(((H22000380590 3)))

Document Type: BIENNIAL STATEMENT
Date of Filing: 08/16/1999
Effective Date: 07/01/1999

Document Type: BIENNIAL STATEMENT
Date of Filing: 07/11/2001
Effective Date: 07/01/2001

Document Type: BIENNIAL STATEMENT
Date of Filing: 07/09/2003
Effective Date: 07/01/2003

Document Type: BIENNIAL STATEMENT
Date of Filing: 08/22/2005
Effective Date: 07/01/2005

Document Type: BIENNIAL STATEMENT
Date of Filing: 07/12/2007
Effective Date: 07/01/2007

Document Type: BIENNIAL STATEMENT
Date of Filing: 08/11/2009
Effective Date: 07/01/2009

Document Type: BIENNIAL STATEMENT
Date of Filing: 07/21/2011
Effective Date: 07/01/2011

Document Type: BIENNIAL STATEMENT
Date of Filing: 08/01/2013
Effective Date: 07/01/2013

Document Type: BIENNIAL STATEMENT
Date of Filing: 05/18/2017
Effective Date: 07/01/2015

(((H22000380590 3)))

Document Type: BIENNIAL STATEMENT
Date of Filing: 07/06/2017
Effective Date: 07/01/2017

Document Type: BIENNIAL STATEMENT
Date of Filing: 07/03/2019
Effective Date: 07/01/2019

Document Type: BIENNIAL STATEMENT
Date of Filing: 07/15/2022
Effective Date: 07/01/2021

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department
of State, at the City of Albany, on November 07, 2022
at 01:31 P.M.



ROBERT J. RODRIGUEZ, Secretary of State

Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State