

11/7/22, 2:09 PM

Division of Corporations

Florida Department of State
 Division of Corporations
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To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : ALLSTATE CORPORATE SERVICES CORP
 Account Number : 12004000031
 Phone : (800)906-9220
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2022 Nov - 7 PM 2:50

FOREIGN PROFIT/NONPROFIT CORPORATION
DCS PHARMACY, INC

Certificate of Status	1
Certified Copy	0
Page Count	05
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REGISTRAR OF STATE MAIL SERVICES

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K. Brumbley

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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.," "Inc.," "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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
APPROVED
AND
FILED

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.

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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)

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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

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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

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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

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 Division of Corporation's Document Authentication Website at <http://ecorp.dos.ny.gov>