

Document Number Only

F960000000732

CT CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 222-1092

City

State

Zip

Phone

700001713927  
-02/13/96--01111--011  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

CORPORATION(S) NAME

Primary Care Pharmacy, Inc.

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 FEB 13 PM 11:00

☒ Profit  
☐ NonProfit

☐ Amendment

☐ Merger

☒ Foreign

☐ Dissolution/Withdrawal

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☐ Change of R.A.

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2-13

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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. Primary Care Pharmacy, Inc.  
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "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.)
2. Delaware  
(State or country under the law of which it is incorporated)
3. N/A  
(FEI number, if applicable)
4. January 19, 1996  
(Date of Incorporation)
5. Perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. (Approx.) March 1996  
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 7891 West Flagler Street, #352  
Miami, FL 33144  
(Current mailing address)
8. Pharmacy  
(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 or Mail Drop Box **NOT** acceptable)  
Name: CT Corporation System  
Office Address: 1200 South Pine Island Road  
Plantation, Florida, 33324  
(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.

  
(Registered agent's signature)

THOMAS B. CONNOLLY  
ASST. SECY.

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.

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DIVISION OF CORPORATIONS  
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12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

**A. DIRECTORS (Street address only- P. O. Box NOT acceptable)**

Chairman: N/A

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: George Kemmler, Sole Director

Address: 7370 N.W. 36th Street, Ste. 116, Miami, FL 33166

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS (Street address only- P. O. Box NOT acceptable)**

President: George Kemmler

Address: 7370 N.W. 36th Street, Ste. 116

Miami, FL 33166

Vice President: George Kemmler

Address: (Same as above)

Secretary: George Kemmler

Address: (Same as above)

Treasurer: George Kemmler

Address: (Same as above)

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

13. *George Kemmler*  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. George Kemmler, Sole Director  
(Typed or printed name and capacity of person signing application)

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DIVISION OF CORPORATIONS  
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Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PRIMARY CARE PHARMACY, INC." 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 FEBRUARY, A.D. 1996.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 FEB 13 PM 1:01



*Edward J. Freel*

Edward J. Freel, Secretary of State

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AUTHENTICATION:

DATE:

7820852

02-08-96

**PRIMARY CARE**  
**P H A R M A C Y**

F96000000732

August 17, 1996

Florida Department Of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Change of Address

Please change the mailing address for Primary Care Pharmacy,  
Inc., corporate #F96000000732 and fictitious registration  
#G96073000097 to 7370 NW 36th Street, #116, Miami, Florida 33166.

Thank you,

*Michael Cosenza*

Michael Cosenza

*Wpd 8/21/96*