

Document Number Only

F980000003033

CT Corporation System

Requestor's Name  
660 East Jefferson Street

Address  
Tallahassee, FL 32310 222-1092

City State Zip Phone

CORPORATION(S) NAME

200002538182--0  
-05/28/98--01055--009  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Flagship Pharmacy, Inc.

- ☒ Profit  
☐ NonProfit  
☒ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Fictitious Name  
☐ Certified Copy  
☐ Call When Ready  
☒ Walk In  
☐ Mail Out
- ☐ Amendment  
☐ Dissolution/Withdrawal  
☐ Annual Report  
☐ Name Registration  
☐ UCC-1 Financing Statement  
☐ Photo Copies  
☒ Call if Problem  
☐ Will Wait
- ☐ Merger  
☐ Limited Liability Company  
☐ Other  
☐ Change of R.A.  
☐ UCC-3 Filing  
☐ CUS  
☐ After 4:30  
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# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE  
STATE OF FLORIDA:

1. Flagship 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. Application in Progress  
(FEI number, if applicable)
4. May 22, 1998  
(Date of incorporation)
5. Perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.))
7. Flagship Healthcare, Inc., Spessard Holland Office Building  
8000 Governor's Square Blvd., Suite 300, Miami Lakes, FL 33166  
(Current mailing address)
8. Ownership and operation of pharmaceutical services business  
(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:  
Name: C T CORPORATION SYSTEM  
Office Address: c/o C T Corporation System, 1200 South Pine Island Road  
Plantation, Florida, 33324  
(Zip Code)

10. Registered agent 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 obligation of my position as registered agent.

PATRICIA A. CANARIO  
C T CORPORATION SYSTEM

(Registered agent's signature) (Officer)  
PATRICIA A. CANARIO,  
SPECIAL ASSISTANT SECRETARY

(Type Name and Title of Officer)

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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.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: Francis L. Shea, III  
Address: Flagship Healthcare, Inc., Spessard Holland  
Office Building, 8000 Governor's Square Blvd.,  
Suite 300, Miami Lakes, FL 33016

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

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

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

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

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

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

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B. OFFICERS

President: Francis L. Shea, III  
Address: Flagship Healthcare, Inc., Spessard Holland  
Office Building, 8000 Governor's Square Blvd.,  
Suite 300, Miami Lakes, FL 33016

Vice President: \_\_\_\_\_

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

Secretary: Christopher J. Donovan

Address: McDermott, Will & Emery

75 State Street, Suite 1700

Boston, MA 02109

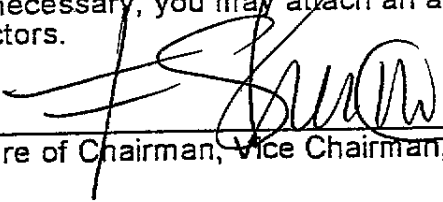
Treasurer: Francis L. Shea, III

Address: Flagship Healthcare, Inc., Spessard Holland

Office Building, 8000 Governor's Square Blvd.,

Suite 300, Miami Lakes, FL 33016

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

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

14. Francis L. Shea, III, President  
(Typed or printed name and capacity of person signing application)

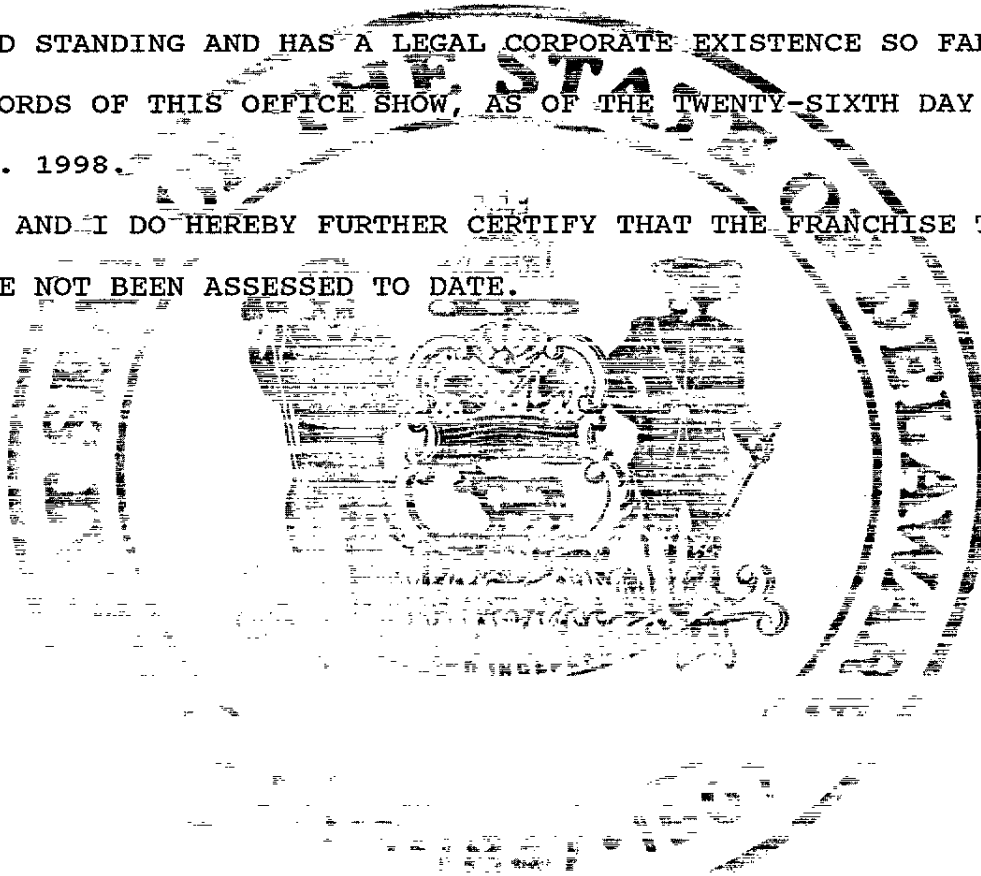
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*State of Delaware*  
*Office of the Secretary of State*

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FLAGSHIP 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 TWENTY-SIXTH DAY OF MAY, A.D. 1998.

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



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*Edward J. Freel*

Edward J. Freel, Secretary of State

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AUTHENTICATION:

9100150

DATE:

05-26-98