



THE UNITED STATES  
CORPORATION  
COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 893703 4812402

AUTHORIZATION :

*Patricia Pigjito*

COST LIMIT : \$ 122.50

ORDER DATE : July 16, 1998

ORDER TIME : 11:09 AM

ORDER NO. : 893703-005

CUSTOMER NO: 4812402

CUSTOMER: Carol Braunschweig, Legal Asst  
Calfee, Halter & Griswold LLP  
1400 McDonald Investment Ctr.  
800 Superior Avenue  
Cleveland, OH 44114-2688

000002580830-2

98 JUL 16 PM 2:04

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

*mtm*  
*7/16*

FOREIGN FILINGS

NAME: PHARMASOURCE HEALTHCARE, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
       PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janice Vanderslice

98 JUL 16 PM 12:03  
DIVISION OF CORPORATIONS

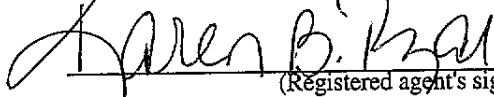
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION  
TO TRANSACT BUSINESS IN FLORIDA**

*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. PharmaSource Healthcare, 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. Georgia  
(State or country under the law of which it is incorporated)
3. 58-2066823  
(FEI number, if applicable)
4. August 12, 1993  
(Date of Incorporation)
5. Perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. June 1, 1998  
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 3201 Enterprise Parkway, Suite 220  
Beachwood, OH 44122  
(Current mailing address)
8. To own and operate institutional pharmacies.  
(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: Corporation Service Company  
  
Office Address: 1201 Hays Street  
Tallahassee, Florida, 32301  
(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)

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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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: See attached officers/directors rider

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

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

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

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

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

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

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

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

President: See attached officers/directors rider

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

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

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

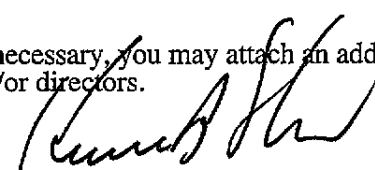
Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

**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. Kevin B. Shaw, President  
(Typed or printed name and capacity of person signing application)

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# OFFICERS/DIRECTORS RIDER

| <u>NAME</u>            | <u>TITLE</u>                            | <u>BUSINESS ADDRESS</u>                                  | <u>RESIDENCE ADDRESS</u>                               |
|------------------------|---|--|--|
| Kevin B. Shaw          | Sole Director, President<br>& Secretary | 3210 Enterprise Parkway, Ste. 220<br>Beachwood, OH 44122 | 2239 Elandon Drive<br>Cleveland Heights, OH 44106      |
| William B. Byrum       | Vice President                          | 3210 Enterprise Parkway, Ste. 220<br>Beachwood, OH 44122 | 1790 Continental Drive<br>Zionsville, IN 46077         |
| Michael Mascali        | Vice President                          | 3210 Enterprise Parkway, Ste. 220<br>Beachwood, OH 44122 | 7426 Herrick Park Drive<br>Hudson, OH 44236            |
| Jeffrey R. Steinhilber | Treasurer                               | 3210 Enterprise Parkway, Ste. 220<br>Beachwood, OH 44122 | 300 Grey Fox Run<br>Bentleyville, OH 44022             |
| Judith Bradac Wasen    | Assistant Secretary                     | 3210 Enterprise Parkway, Ste. 220<br>Beachwood, OH 44122 | 3388 West 132 <sup>nd</sup> St.<br>Cleveland, OH 44111 |

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**Secretary of State**  
**Corporations Division**  
**Suite 315, West Tower**  
**2 Martin Luther King Jr. Dr.**  
**Atlanta, Georgia 30334-1530**

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JURISDICTION : GEORGIA  
PRINT DATE : 07/02/1998  
FORM NUMBER : 211

CSC

HEATHER KLINZING  
100 PEACHTREE STREET, STE 660  
ATLANTA, GA 30303

**CERTIFICATE OF EXISTENCE**

I, Lewis A. Massey, the Secretary of State of the State of Georgia,  
do hereby certify under the seal of my office that

**PHARMASOURCE HEALTHCARE, INC.**  
**A DOMESTIC PROFIT CORPORATION**

was formed in the jurisdiction stated above or was authorized to  
transact business in Georgia on the above date. Said entity is in  
compliance with the applicable filing and annual registration  
provisions of Title 14 of the Official Code of Georgia Annotated  
and has not filed articles of dissolution, certificate  
cancellation or any other similar document with the office of the  
Secretary of State.

This certificate relates only to the legal existence of the above-  
named entity as of the date issued. It does not certify whether  
or not a notice of intent to dissolve, an application for  
withdrawal, a statement of commencement of winding up or any other  
similar document has been filed or is pending with the Secretary  
of State.

This certificate is issued pursuant to Title 14 of the Official  
Code of Georgia Annotated and is prima-facie evidence that said  
entity is in existence or is authorized to transact business in  
this state.



*Lewis A. Massey*

Lewis A. Massey  
Secretary of State