

# F990000000794

Greenberg Traurig

Requestor's Name

Address

Michelle 425-8536

City/State/Zip

Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. Flagship Pharmacy of Central Florida, Inc.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☐ Mail out

☒ Pick up time 2:30  
Call me

☐ Will wait

☐ Photocopy

☒ Certified Copy

☐ Certificate of Status

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DIVISION OF CORPORATIONS

Please Rush! mtn 2/10

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\*\*\*\*\*78.75 \*\*\*\*\*78.75

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input checked="" type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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DIVISION OF CORPORATIONS

Examiner's Initials

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO  
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 of Central Florida, 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 3. 65-0882674  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. December 28, 1998 5. Perpetual  
(Date of Incorporation) (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. 4303 Vineland Road, Suite F-2

8. Orlando, Florida 32811  
(Current mailing address)

9. Any and all business allowed by Florida law  
(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: Kenneth Veneziano

Office Address: 8000 Governor's Square, Suite 300

Miami Lakes, Florida, 33016  
(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.*

KV  
(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:

A. DIRECTORS

Chairman: Francis L. Shea, III (CEO and sole director)

Address: 8000 Governor's Square, Suite 300  
Miami Lakes, Florida 33016

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

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

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

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

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

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

B. OFFICERS

President: Francis L. Shea, III

Address: 8000 Governor's Square Boulevard  
Miami Lakes, Florida 33016

Vice President: Ke-neth Veneziano

Address: 8000 Governor's Square Boulevard  
Miami Lakes, Florida 33016

Secretary: Christopher Donovan

Address: 75 State Street  
Boston, Massachusetts

Treasurer: James Murphy

Address: 8000 Governor's Square Boulevard  
Miami Lakes, Florida 33016

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

13.

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

14.

\_\_\_\_\_  
(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

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FLAGSHIP PHARMACY OF CENTRAL FLORIDA, 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 NINTH DAY OF FEBRUARY, A.D. 1999.



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Edward J. Freel, Secretary of State

AUTHENTICATION:

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DATE:

02-09-99

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