

F99000002357

Greenberg Traurig

Requestor's Name

Address

Michelle 425-8526

City/State/Zip

Phone #

Office Use Only

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

1. ~~FHH Central FL, Inc~~  
(Corporation Name) (Document #)

2. ~~Flagship Pharmacy of Tampa, Inc~~  
(Corporation Name) (Document #)

3. Flagship Pharmacy of Cooper City, Inc  
(Corporation Name) (Document #)

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

99 MAY -6 PM 5:59  
STATE OF FLORIDA  
TALLAHASSEE

FILED

Walk in

Pick up time call me

Certified Copy

Mail out

Will wait

Photocopy

Certificate of Status

| NEW FILINGS              |                   |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit            |
| <input type="checkbox"/> | NonProfit         |
| <input type="checkbox"/> | Limited Liability |
| <input 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                                 |

400002866174--8  
-05/07/99--01008--003  
\*\*\*310.00 \*\*\*\*\*87.50

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

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

(4)  
5/17/99

Examiner's Initials

**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. Flagship Pharmacy of Cooper City, 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. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. April 23, 1999 5. Perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist on "perpetual")

6. Upon qualification  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)

7. 8000 Governor's Square Blvd, Suite 300  
Miami Lakes, Florida 33016  
(Current mailing address)


8. Any business allowed by 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 Sq. Blvd., Ste 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.*

  
(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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ALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Francis L. Shea, III

Address: 8000 Governor's Square Blvd, Ste 300  
Miami Lakes, FL 33016

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President: Frances L. Shea, III

Address: 8000 Governor's Square Blvd, Ste 300  
Miami Lakes, FL 33016

Vice President: Kenneth Veneziano

Address: 8000 Governor's Square Blvd, Ste 300  
Miami Lakes, FL 33016

Secretary: Christopher Donovan


Address: 75 State Street  
Boston, Massachusetts

Treasurer: James Murphy

Address: 8000 Governor's Square Blvd, Ste 300  
Miami Lakes, FL 33016

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TALLAHASSEE, FLORIDA

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. Kenneth Veneziano, Executive Vice President  
(Typed or printed name and capacity of person signing application)

*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 COOPER CITY, 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-NINTH DAY OF APRIL, A.D. 1999.

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TALLAHASSEE, FLORIDA



A handwritten signature in cursive script that reads "Edward J. Freel".

*Edward J. Freel, Secretary of State*

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AUTHENTICATION: 9715555

DATE: 04-29-99