

F99000002475

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Southern Pharmaceutical Corporation
(Name of corporation - must include suffix)

1077-10641

Dear Sir or Madam: 00789-0064400671

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Janet Goodman
(Name of Person)
Southern Pharmaceutcial Corporation
(Firm/Company)
605 2nd Ave North Suite 202
(Address)
Columbus, MS 39701
(City/State/Zip)

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-05/04/99--01036--008
*****87.50 *****87.50

Should you need to call someone concerning this matter, please call:

Janet Goodman (Name of Person)	at (601) 327 - 2060 (Area Code & Daytime Telephone Number)
STREET ADDRESS: Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	Name Availability
	Document Examiner
	Updater
	Updater Verifier
	Acknowledgement
	V. P. Verifier
MAILING ADDRESS: Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAY 13 PM 3:46



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

May 6, 1999

JANET GOODMAN
SOUTHERN PHARMACEUTICAL CORPORATION
605 2ND AVE NORTH, SUITE 202
COLUMBUS, MS 39701

SUBJECT: SOUTHERN PHARMACEUTICAL CORPORATION
Ref. Number: W99000010641

We have received your document for SOUTHERN PHARMACEUTICAL CORPORATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6967.

Michelle Hodges
Document Specialist

Letter Number: 299A00024804

**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. Southern Pharmaceutical Corporation
(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. Mississippi 3. 64-0826596
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. May 10, 1993 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. 605 2nd Ave North Suite 202
Columbus, MS 39701
(Current mailing address)
8. To Provide Unit Dose Respiratory Medications and Durable Medical Equipment
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box NOT acceptable)

Name: C.T. 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)

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.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAY 13 PM 3:46

ACCEPTANCE OF APPOINTMENT


RE: SOUTHERN PHARMACUETICAL CORPORATION

Pursuant to Sections 48.091 and 607.0501, Florida Statutes, the undersigned acknowledges and accepts its appointment as registered agent of the above corporation and agrees to act in the capacity and to comply with the provisions of the Florida Business Corporation Act (1990) relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

Dated: April 19, 1999

C T CORPORATION SYSTEM

By

A handwritten signature in black ink, appearing to read 'Jonathan L. Miles', is written over a horizontal line.

Jonathan L. Miles,
Assistant Secretary

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: Douglas Martin

Address: 601 Greenbrair

Columbus, MS 39701

Vice Chairman: Glenn Lingle

Address: 324 Sagamore Circle

Columbus, MS 39701

Director: Janet Goodman

Address: 1806 Tabernacle Road

Columbus, MS 39702

Director: _____

Address: _____

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

President: Glenn Lingle

Address: 324 Sagamore Circle

Columbus, MS 39701

Vice President: _____

Address: _____

Secretary: Janet Goodman

Address: 1806 Tabernacle Road

Columbus, MS 39702

Treasurer: _____

Address: _____

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

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

14. Janet Goodman Secretary
(Typed or printed name and capacity of person signing application)

State of Mississippi

Secretary of State's Office

Eric Clark

Secretary of State
Jackson, Mississippi

CERTIFICATE OF EXISTENCE/AUTHORITY

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on May 10, 1993 the state of Mississippi issued a Charter/Certificate of Authority to:

SOUTHERN PHARMACEUTICAL CORPORATION

That the state of incorporation is MISSISSIPPI.

That the period of duration is Perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.



Given under my hand
and seal of office
March 22, 1999

Eric Clark

ERIC CLARK,
Secretary of State