

Document Number Only

F99000004437

C T CORPORATION SYSTEM

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-08/31/99--01048--012

*****17.50 *****17.50

660 East Jefferson Street

Requestor's Name

Tallahassee, Florida 32301

Address

(850) 222-1092

City State Zip Phone

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-08/26/99--01064--021

*****70.00 *****70.00

CORPORATION(S) NAME

CERT- 17.50

Fresenius Medical Care Pharmacy
Services, Inc.

099h00042911

☒ Profit

☐ NonProfit

☐ Limited Liability Company

☒ Foreign

☐ Limited Partnership

☐ Reinstatement

☐ Limited Liability Partnership

☐ Certified Copy

☐ Amendment

☐ Dissolution/Withdrawal

☐ Annual Report

☐ Fict. Filing

☐ Photo Copies

☐ Call if Problem

☐ Will Wait

☐ Merger

☐ Mark

☐ Other

☐ Change

☐ UCC-1

☐ CUS

☐ After 4:30

☒ Pick Up

Name
Availability

Document
Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier

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Filed Stamp

Thanks, Melanie

AUG 26

File 1st

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on Fict. Please!

BR
8/26/99

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. Fresenius Medical Care Pharmacy Services, 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. 04-3480138
(FEI number, if applicable)
4. August 18, 1999
(Date of incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. Upon Quota
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.))
7. 95 Hayden Avenue, Lexington, Massachusetts 02420

(Current mailing address)
8. To provide pharmacy services.
(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.

C T Corporation System


(Registered agent's signature) (Officer)
LAUREN H. KREATZ,

SPECIAL ASSISTANT SECRETARY

(Type Name and Title of Officer)

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: See attached list of directors

Address: _____

Vice Chairman: See attached list of directors

Address: _____

Director: See attached list of directors

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See attached list of officers

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

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STATE
SECRETARY OF CORPORATIONS
DIVISION
99 AUG 26 PM 3:39

Treasurer: _____

Address: _____

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

13. *E. Craig Dawson*
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. E. Craig Dawson, Secretary
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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08/23/1999

List of Active Officers and Directors

Fresenius Medical Care Pharmacy Services, Inc.

<u>Director</u>	<u>Start Date</u>	<u>Last Elected</u>	<u>End Date</u>
BEN J. LIPPS	08/18/1999		

<u>Officer</u>	<u>Name</u>	<u>Start Date</u>	<u>Last Elected</u>	<u>End Date</u>
PRESIDENT	BEN J. LIPPS	08/19/1999		
SENIOR VICE PRESIDENT	CRAIG DAWSON	08/19/1999		
VICE PRESIDENT	MICHAEL BROSNAN	08/19/1999		
TREASURER	Ramon Yi	08/19/1999		
ASSISTANT TREASURER	MARC S. LIEBERMAN	08/19/1999		
	JAMES V. LUTHER	08/19/1999		
SECRETARY	CRAIG DAWSON	08/19/1999		
ASSISTANT SECRETARY	MICHAEL BROSNAN	08/19/1999		

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SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
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BEN J. LIPPS

BUSINESS:	c/o Fresenius Medical Care North America 95 Hayden Ave. Lexington, MA 02420	RESIDENTIAL:	20 Rowes Wharf Unit 609 Boston, MA 02116
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CRAIG DAWSON

BUSINESS:	95 Hayden Avenue Lexington, MA 02173	RESIDENTIAL:	45 Anselm Road Sudbury, MA 01776
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MICHAEL BROSNAN

BUSINESS: 95 Hayden Avenue
Lexington, MA 02420

Ramon Yi

BUSINESS:	95 Hayden Avenue Lexington, MA 02420	RESIDENTIAL:	30 Faith Drive Derry, NH 03038
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MARC S. LIEBERMAN

BUSINESS:	c/o Fresenius Medical Care North America 95 Hayden Ave. Lexington, MA 02420	RESIDENTIAL:	10 CROWN POINT ROAD SUDBURY, MA 01776
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JAMES V. LUTHER

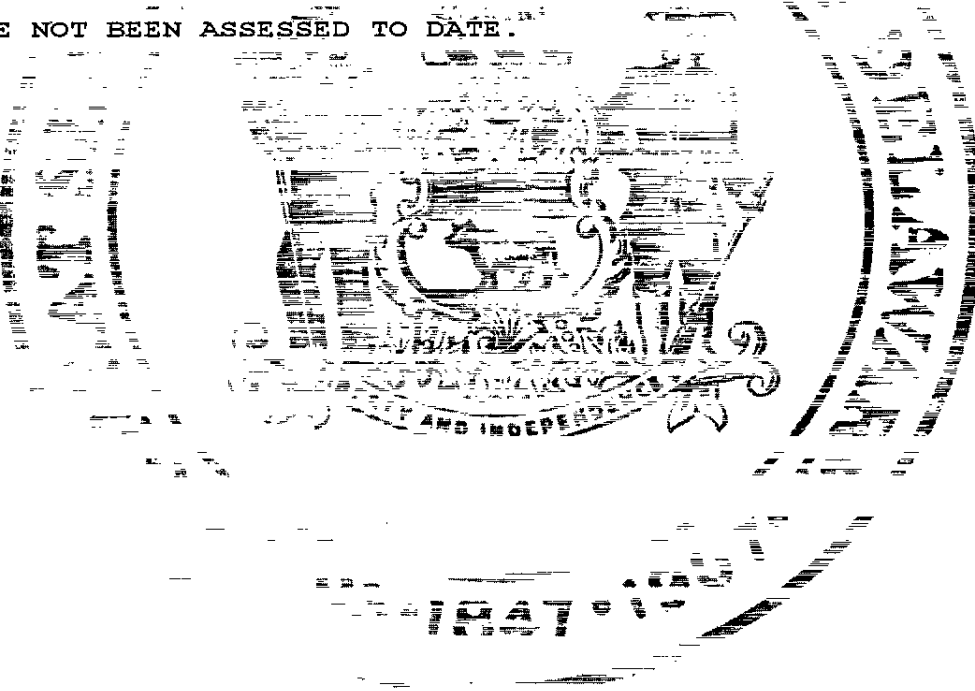
BUSINESS:	c/o Fresenius Medical Care North America 95 Hayden Ave. Lexington, MA 02420	RESIDENTIAL:	50 SUNNYSIDE AVENUE READING, MA 01867
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State of Delaware
Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FRESENIUS MEDICAL CARE PHARMACY SERVICES, 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-FIFTH DAY OF AUGUST, A.D. 1999.

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



FILED
STATE
SECRETARY OF
CORPORATIONS
9 AUGUST 1999
NN 3:39



Edward J. Freel

Edward J. Freel, Secretary of State

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AUTHENTICATION:

DATE:

9939200

08-25-99