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BRUCE F. ROGERS ALFRED F. SMITH, JR. CHARLES KEITH HAMILTON JAMES W. DAVIS

FRANK M. BAINBRIDGE

May 16, 2001

Florida Department of State Corporations Division P.O. Box 6327 Tallahassee, Florida 32314

Re:

American Pharmacy Network Solutions, L.L.C.

Our File No. 85442/1

900004270779--5 -05/18/01--01049--005 \*\*\*\*250.00 \*\*\*\*155.00

Dear Sirs:

Enclosed please find the Application for Certificate of Authority for American Pharmacy Network Solutions, L.L.C., a copy of this application, a Certificate for Designation of Registered Agent, a copy of this certificate, an original Certificate of Existence from the Alabama Secretary of State and a check to cover the filing fees payable in the amount of \$250.00. Please file the original Application for Certificate of Authority and the original Certificate for Designation of Registered Agent and return to me a stamped copy of each of the filed documents in the enclosed self-addressed envelope.

Thank you for your assistance in this matter. If you have any questions regarding the enclosures, please contact me at (205) 879-1100.

Sincerely,

Susan B. Jackson

Legal Assistant to James W. Davis

sj

Enclosures

47th 5/22

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: etwork Solutions (Name of foreign limited liability company) (Jurisdiction under the law of which foreign limited liability company is organized) Year limited liability company will cease to Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: Sec 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Uraanizing retail pharmacies Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) nthony brooklere

Typed or printed name of signee

## APNS

#### American Pharmacy Network Solutions

#### 2001 APNS Board of Managers:

#### **Voting Members:**

George Bolling Bolling Apothecary 106 16<sup>th</sup> St NE Fayette, AI 35555 205-932-8969 205-932-8095 fax Anthony Brooklere - Chairman Brooklere Pharmacy 1636 Forestdale Plaza Forestdale, Al 35214 205-798-5060 205-798-3355 fax

Kim Cadenhead – Secretary/Treasurer Cantonment Pharmacy 433 S. Hwy 29 Cantonment, FI 32533 850-968-2489 850-968-0459 fax

Ricky Cash Chaney's Pharmacy 1716 S. Commerce St Grenada, Ms 38901 662-226-5352 662-226-4352 fax

Steve Griffin – Co-Chairman Griffin Pharmacy PO Box 560 / 3844 Sipsey Rd Sipsey, Al 35584 205-648-2730 205-648-9642 fax Frank Snyder
Spring City Pharmacy
PO Box 515 / Unit #4 141 E Clinfon Ave
Spring City, Tn 37381
423-365-6351
423-365-4877 fax

#### Non-Voting Members:

Danny Johnson Vice President of Business & Profession Affairs APCI Offices 205-870-3301 Ext 554 205-870-1927 fax LaNiece Dyer Third Party Coordinator

APCI Offices 205-870-3301 Ext 559 205-870-1927 fax

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| 1. The name of the Limited Liability Company is:   |              |                     |   |
|--|--------------|---------------------|---|
| American Pharmacy Network Solutions, L.L.C.  |              |                     |   |
| 2. The name and the Florida street address of the registered agent and office are:             |              |                     |   |
| Corp America, Inc.   |              |                     |   |
| 416 S.E. 15th Street   |              |                     |   |
| 416 S.E. 15 STOCT  |              |                     |   |
| Florida street address (P.O. Box NOT ACCEPTABLE)   | <del>_</del> | _                   |   |
|  | 뜨ద           |                     |   |
| Fort Lauderdale FL 33316   | izin         | ==                  |   |
| City/State/Zip   |              |                     | 1 |
|  |              | 8                   |   |
| Having been named as registered agent and to accept service of process for the above sta       |              | נביד.               | 1 |
| liability company at the place designated in this certificate, I hereby accept the appointment |              | <u>ueu</u>          |   |
| registered agent and agree to act in this capacity. I further agree to comply with the prov    |              | o <del>f a</del> ll |   |
| statutes relating to the proper and complete performance of my duties, and I am familiar       |              |                     |   |
| accept-the, obligations of my position as registered agent as provided for in Chapter 608,     |              | -                   |   |
|  |              |                     |   |
| LODD // XA HADV  |              |                     |   |
| (Signature)  |              |                     |   |
| ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )  |              |                     |   |
| \$ 100.00 Filing Fee for Application   |              |                     |   |

\$ 25.00 \$ 30.00

5.00

Designation of Registered Agent

Certificate of Status (optional)

Certified Copy (optional)

# State of Alabama

I, Jim Bennett, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the domestic corporation records on file in this office disclose that American Pharmacy Network Solutions, L.E.C. organized in the office of the Judge of Probate of Jefferson County on April 5, 2001. I further certify that the records do not disclose that said American Pharmacy Network Solutions, L.L.C. has been dissolved.

In Testimony Whereof, I have hereunto set my hand

and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

04/27/01

Date

In Bennen

Jim Bennett

Secretary of State