

Division of Corporations

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Florida Department of State
Division of Corporations
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Division of Corporations
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 JUN -5 AM 10:00

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

DOCTORS PHARMACY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Doctors Pharmacy, LLC
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Adriana Ku
(Name of Person)

Legalzoom.com, Inc.
(Firm/Company)

7083 Hollywood Blvd., Suite 180
(Address)

Los Angeles, CA 90028
(City/State and Zip Code)

For further information concerning this matter, please call:

Adriana Ku at (323) 962-8600
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☒ \$35 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO
FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: Doctors Pharmacy, LLC
2. Jurisdiction of its organization: California
3. Date authorized to do business in Florida: 07/14/2008

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? May 1st 2007
5. New name of the limited liability company: Doctors Pharmacy Management, LLC
6. If the amendment changes the period of duration, indicate new period of duration:

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment corrects any false statement, indicate the statement being corrected and the correction:

9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of a member or the authorized representative of a member

Greg Solodko, Manager

Typed or printed name of signer

Filing Fee: \$25.00

07 JUN -5 AM 10:00
SECRETARY OF STATE
DIVISION OF CORPORATIONS

**State of California
Secretary of State**

**CERTIFICATE OF GOOD STANDING
CALIFORNIA LIMITED LIABILITY COMPANY**

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That on the 28th day of March, 2005, **DOCTORS PHARMACY
MANAGEMENT, LLC**, became recognized under the laws of the State of California by
filing its Articles of Organization in this office; and

That according to the records of this office, the said limited liability company is
authorized to exercise all its powers, rights and privileges and is in good legal standing
in the State of California; and

That no information is available in this office on the financial condition of this
limited liability company.

IN WITNESS WHEREOF, I execute this
certificate and affix the Great Seal
of the State of California this day
of June 2, 2007.



Debra Bowen

**DEBRA BOWEN
Secretary of State**