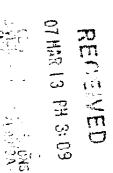
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NAME:

GUARDIAN PHARMACY OF TAMPA, LLC

TYPE OF FILING: LIMITED LIABILITY COMPANY

COST:

125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION:

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: Guardian Pharmacy of Tampa, LLC (Name of Foreign Limited Liability Company) 2. Georgia (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 5. perpetual 4 December 20, 2006 (Date of Organization) (Duration: Year limited liability company will cer exist or "perpetual") Upon qualification (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 1776 Peachtree Road, N.W., Suite 310 South Tower Atlanta, Georgia 30309 (Street Address of Principal Office) 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: Fred P. Burke, 1776 Peachtree Rd., NW, Suite 310 South Tower, Atlanta, GA 30309 David K. Morris, 1776 Peachtree Rd., NW, Suite 310 South Tower, Atlanta, GA 30309 G. Kendall Forbes, 1776 Peachtree Rd., NW, Suite 310 South Tower, Atlanta, GA 30309 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: pharmacy and healthcare related services 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.) Burke - Manager

Typed or printed name of signee

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:

Guardian Pharr	rmacy of Tampa, LLC	
2. The name ar	and the Florida street address of the regi	istered agent and office are:
	NRAI Services, Inc.	
	(Name	:)
	2731 Executive Park Drive, Suite 4	
	Florida Street Address (P.O. E	Box NOT ACCEPTABLE)
	Weston	FL 33331
	City/St	tate/Zip
liability comparagent and agree relating to the pobligations of mNRAI Services, By:	any at the place designated in this certifice to act in this capacity. I further agree proper and complete performance of my my position as registered agent as provides, inc. (Signature)	service of process for the above stated limited cate, I hereby accept the appointment as registered to comply with the provisions of all statutes aduties, and I am familiar with and accept the ded for in Chapter 608, Florida Statutes.
liability comparagent and agree relating to the pobligations of mNRAI Services, By:	Weston I City/St aamed as registered agent and to accept s any at the place designated in this certific ee to act in this capacity. I further agree proper and complete performance of my my position as registered agent as provid s, Inc.	FL 33331 tate/Zip service of process for the above stated limited cate, I hereby accept the appointment as registe to comply with the provisions of all statutes aduties, and I am familiar with and accept the

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

STATE OF GEORGIA

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

GUARDIAN PHARMACY OF TAMPA, LLC

Domestic Limited Liability Company

was formed or was authorized to transact business on 12/20/2006 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 13th day of March, 2007

Karen C Handel Secretary of State

Faun CHandel

Certification Number: 951767-1 Reference:

Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp