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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Qol meds, LLC

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G. MCLEOD
AUG - 3 2009
EXAMINER

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:

1. QoL meds, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")

2. Pennsylvania
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 27-0556097
(FEI number, if applicable)

4. 07/15/2009
(Date of Organization)

5. Perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 4900 Perry Highway, Building 2, Pittsburgh, PA 15229
(Street Address of Principal Office)

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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:

SEE ATTACHMENT

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: _____

Provider of full-service, specialty on-site pharmacies.

✓ James F. Smith
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.)

James F. Smith
Typed or printed name of signee

QoL meds, LLC
LIST OF MEMBERS AND MANAGERS

EXHIBIT TO REGISTRATION APPLICATION

MEMBERS

SPECIALIZED PHARACEUTICALS, INC. 4900 PERRY HIGHWAY, BUILDING 2 PITTSBURGH, PA 15229
BOWMAN INVESTMENTS, LLC 20332 CHRISTOFLE DR CORNELIUS,NC 28031

BOARD OF MANAGERS

SPECIALIZED PHARACEUTICALS, INC. 4900 PERRY HIGHWAY, BUILDING 2 PITTSBURGH, PA 15229
BOWMAN INVESTMENTS, LLC 20332 CHRISTOFLE DR CORNELIUS NC 28031
JAMES F. SMITH 812 ANGELICA CIRCLE RALEIGH, NC 27518
FRANCOIS, BITZ 1640 PLEASANT HILLS RD BADEN PA 15005
DANIEL SASSANO 704 SOUTH SUTHERLAND AVENUE MONROE, NC 28112
MICHAEL K. MCMAHAN 2502 GLENEAGLES DRIVE GASTONIA, NC 28056
HUFFER, MIKE 14450 CHADWICK ST LEAWOOD KS 66224
SCHELLHORN, CHARLES 6408 ABERDEEN ROAD MISSION HILLS KS 66208
DAVID K. ROBB 1101 GRANVILLE ROAD, CHARLOTTE, NC 28207
LARRY BOWMAN 20332 CHRISTOFLE DR CORNELIUS NC 28031

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:

QoL meds, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

C T Corporation System
(Name)

1200 South Pine Island Road
Florida Street Address (P.O. Box NOT ACCEPTABLE)

Plantation FL 33324
City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

C T Corporation System

By: _____ JAMES M. NEWSOME
(Signature) Special Assistant Secretary

$ 100.00	Filing Fee for Application
$ 25.00	Designation of Registered Agent
$ 30.00	Certified Copy (optional)
$ 5.00	Certificate of Status (optional)

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

JULY 23, 2009

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

QOL MEDS, LLC

is duly organized as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Pedro A. Cortés

Secretary of the Commonwealth

Certification Number: 8202407-1
Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp