

MI0000003873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

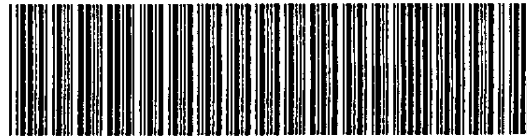
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800192299498

02/03/11--01038--025 \*\*55.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 FEB -3 PM 4:17

FILED

J. SAULSBERRY  
EXAMINER

FEB 04 2011

TSC PHARMACY PARTNERS, LLC  
4 West Red Oak Lane, Suite 201  
White Plains, New York 10604  
914.390.4300

February 1, 2011

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Certificate of Formation

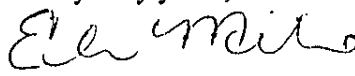
Dear Sir or Madam:

While processing the enclosed request, please note that my contact information is as follows:

Elena Milano  
914.390.4361 (direct)  
914.253.7507 (fax)  
[emilano@hcnavigator.net](mailto:emilano@hcnavigator.net)

If you should have any further questions, please do not hesitate to contact me.

Very truly yours,

  
Elena Milano

Enclosure

RECEIVED  
TALLAHASSEE  
FLORIDA

2011 FEB -3 PM 4:17

FILED

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TSC Pharmacy Partners, 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:

Elena Milano

Name of Person

Firm/Company

4 West Red Oak Lane, Suite 201

Address

White Plains, NY 10604

City/State and Zip Code

emilano@hcnavigator.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elena Milano

Name of Person

at ( 914 )

390-4361

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

☒ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 FEB -3 PM 4:17

FILED

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT  
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: TSC Pharmacy Partners, LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: July 23, 2010

**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? November 17, 2010
5. New name of the limited liability company: Red Oak Pharmacy Partners, LLC  
(must end with "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 end with "Limited Liability Company," "L.L.C.," or "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

James Blalock

Typed or printed name of signee

**Filing Fee: \$25.00**

2011 FEB -3 PM 4:17  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

FILED

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT  
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: TSC Pharmacy Partners, LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: July 23, 2010

**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? November 17, 2010
5. New name of the limited liability company: Red Oak Pharmacy Partners, LLC  
(must end with "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 end with "Limited Liability Company," "L.L.C." or "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 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

James Blalock

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

**FILED**  
2011 FEB -3 PM 4:17  
-SECRETARY OF STATE  
TALLAHASSEE, FLORIDA