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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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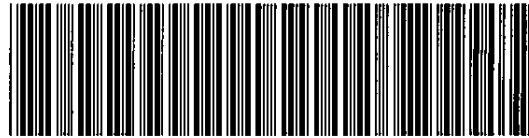
(Business Entity Name)

(Document Number)

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10 OCT 19 PM 1:02
TALLAHASSEE FLORIDA

10/21/10--01001--008 **966.25

S. HAWKES

OCT 21 2010

EXAMINER

S. HAWKES

SEP 08 2010

EXAMINER

W10-42509



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 9, 2010

ADVANCED SPECIALTY PHARMACY OF TAMPA, LLC
2901 WEST BUSCH BLVD SUITE 105
TAMPA, FL 33618

SUBJECT: ADVANCED SPECIALTY PHARMACY OF TAMPA, LLC
Ref. Number: W10000042509

We have received your document for ADVANCED SPECIALTY PHARMACY OF TAMPA, LLC and check(s) totaling \$130.00 of which \$130.00 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$966.25 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 410A00021496

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. ADVANCED SPECIALTY PHARMACY OF TAMPA, 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. ALABAMA 3. 20-3705646
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. JULY 18, 2005 5. PERPETUAL
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. January 16, 2006
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 2901 WEST BUSCH BOULEVARD SUITE 105
TAMPA, FL 33618
(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:

EDWARD CINGORANELLI C/O ASP 2901 WEST BUSCH BLVD STE 105, TAMPA, FL 33618

COREY SORREL C/O ASP 2901 WEST BUSCH BOULEVARD STE 105, TAMPA, FL 33618

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


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.)

EDWARD CINGORANELLI, MEMBER

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:

ADVANCED SPECIALTY PHARMACY OF TAMPA, 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:

TIM ROGERS

(Name)

2901 WEST BUSCH BLVD, SUITE 105


Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

TAMPA, FL 33618

City/State/Zip

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10 OCT 19 PM 1:02
TAMPA, FLORIDA

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.



(Signature)

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

Beth Chapman
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Beth Chapman, 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 corporate records on file in this office disclose that Advanced Specialty Pharmacy of Tampa, LLC organized in the office of the Judge of Probate of Jefferson County on July 27, 2005. I further certify that the records do not disclose that said Advanced Specialty Pharmacy of Tampa, LLC has been dissolved.

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10 OCT 19 PM 1:02
ALABAMA SECRETARY OF STATE



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.

September 30, 2010

Date

Beth Chapman

Beth Chapman

Secretary of State