

PI1000018725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

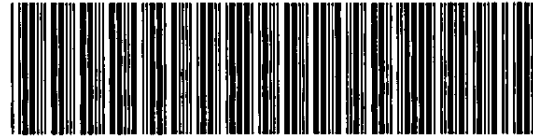
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/14/14--01024--013 **5.00

03/13/14--01030--020 **30.00

FILED
RECEIVED
14 MAY -9 10 26

Amend
⑩ 5/15/14

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Quality Specialty Pharmacy of Jacksonville Inc.

DOCUMENT NUMBER: 814 A 00008135

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SOFIA AXEN

Name of Contact Person

Quality Specialty Pharmacy of Jacksonville

Firm/ Company

1227 E Madison St # 504 N

Address

TAMPA FL 33602

City/ State and Zip Code

Sofia@QSPRX.com

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

For further information concerning this matter, please call:

Sofia AXEN

Name of Contact Person

at (718) 648-2952

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 16, 2014

SOFIA AXEN
QUALITY SPECIALTY PHARMACY
1227 EAST MADISON STREET #504N
TAMPA, FL 33602

SUBJECT: QUALITY SPECIALTY PHARMACY OF JACKSONVILLE INC
Ref. Number: P11000018725

We have received your document for QUALITY SPECIALTY PHARMACY OF JACKSONVILLE INC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 814A00008135

RECEIVED

14 MAY -9 PM 3:55



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 19, 2014

SOFIA AXEN
QUALITY SPECIALTY PHARMACY
1227 EAST MADISON STREET #504N
TAMPA, FL 33602

SUBJECT: QUALITY SPECIALTY PHARMACY OF JACKSONVILLE INC
Ref. Number: P11000018725

We have received your document for QUALITY SPECIALTY PHARMACY OF JACKSONVILLE INC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The fee to file your document is \$35.

There is a balance due of \$5.00.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 214A00005978

RECEIVED
14 APR 15 AM 8:33
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

FILED
SECRETARY OF STATE
14 MAY -9 AM 10:26
FLORIDA

Quality Specialty Pharmacy of Jacksonville Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

6680 POWERS AVE
110
JACKSONVILLE FL 32217

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

P.O. BOX 16159
Temple Terrace
FL 33687-6159

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title.

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD

Changes should be noted in the following manner: Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add

Example:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action
(Check One)

Title

Name

MARINA LEIBERMAN

555 NORTH AVE APT 5U

FORT LEE, NJ 07024

1) ☐ Change

VP

☐ Add

☒ Remove

2) ☐ Change

V

VADIM PINHASOV

20327 CHESTNUT GROVE DR

☒ Add

☐ Remove

TAMPA, FL 33647

3) ☐ Change

SV

☒ Add

☐ Remove

EUGENE BABENKO

20327 CHESTNUT GROVE DR

4) ☐ Change

☐ Add

☐ Remove

TAMPA, FL 33647

5) ☐ Change

☐ Add

☐ Remove

6) ☐ Change

☐ Add

☐ Remove

E. If amending or adding additional Articles, enter change(s) here:

(Attach *additional sheets, if necessary*). (Be specific)

[illegible]

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

[illegible]

The date of each amendment(s) adoption: 3/1/2014, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____
(voting group)"

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 5/1/2014

Signature SSM AXN

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

SOFIA AXEN
(Typed or printed name of person signing)

president
(Title of person signing)