PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

1996 DEC 30 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P12700**

1. Corporation Name

ALLIED PHARMACY SERVICE, INC.

Principal Place of Business	Mailing Address
8615 FREEPORT PARKWAY	~~8615 FREEPORT PARKWAY~~
SUITE 250	~~SUITE 250~~
IRVING TX 75063	~~IRVING TX 75063~~
US	~~US~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc. c/o CARDinal Health
City & State	City & State 5555 Glendon CT. Dublin, Ohio
Zip / Country	Zip 43016 / Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/29/1986

5. FEI Number: 75-1711737 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
~~FD~~	~~VALLE, DELLA R~~	8615 FREEPORT PKWY, #250	IRVING TX
~~STD~~	~~SHELTON, JAMES~~	8615 FREEPORT PKWY, #250	IRVING TX
	See Attached		

600002046316--6
-01/06/97--01011--006
****375.00 ****375.00

REINSTATEMENT DW 12/30/96

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (7/96)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Judith S. Blancett — Date: 12-30-96
REGISTERED AGENT MUST SIGN
Judith S. Blancett, asst. secy.

11. *Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12 I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ Glenn L. Martin VP, Taxes (614) 717-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0009578 AF

ALLIED PHARMACY SERVICES, INC.

Robert D. Walter	Chairman
John C. Kane	Vice Chairman, President and CEO
David Bearman	Exec. V.P.- Finance
George H. Bennett, Jr.	Exec. V.P.- Gen. Counsel & Secretary
Carole W. Tomko	Sr. V.P.- Human Resources
Kristan Covey	Vice President
James D. Shelton	V.P., Treasurer & Asst. Secretary
Thomas S. Summer	V.P., Asst. Treasurer
Glenn L. Martin	V.P., Taxes