

P95000064814

FILED

95 AUG 21 PM 1:56

Scruggs & Carmichael, P.A.
(Requestor's Name)

1 SE. First Avenue
(Address)

P.O. Box 23109
(City, State, Zip)

Gainesville, FL 32602
(Phone #)

SECRET
TALLAHASSEE, FLORIDA

000001565280
-08/21/95--01078--018
****140.00 *****70.00

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

KH
8-22

FILED

95 AUG 21 PM 1:56

**ARTICLES OF INCORPORATION OF
NETWORK PHARMACY, INC.**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name. The name of the corporation is: NETWORK PHARMACY, INC.
2. Purpose. The corporation may engage in any legal business.
3. Stock. The maximum number and class of shares of capital stock this corporation is authorized to have outstanding is 1,000 shares of common capital stock of a par value of \$1.00 per share. The corporation shall have a lien on its shares of stock for any debt or liability incurred to it by a stockholder before being notified of a transfer or levy on such shares.
4. Existence. The corporation shall have perpetual existence. The corporation shall commence existence on the date of filing with the Secretary of State.
5. Registered Agent. The initial street address in the State of Florida of the initial registered office of the proposed corporation is 6605 NW Ninth Boulevard, Gainesville, Florida, 32605, and the name of its initial registered agent at such address is KATHRYN GARRIOTT.
6. Location. The mailing address of the corporation is 6605 NW Ninth Boulevard, Gainesville, Florida, 32605.
7. Management. Business of the corporation shall be managed by the stockholders.
8. Incorporator. The name and address of the person signing these Articles of Incorporation as incorporator is as follows: KATHRYN GARRIOTT, 6605 NW Ninth Boulevard, Gainesville, Florida, 32605.

The undersigned, being the original incorporator and registered agent hereinbefore named, for the purpose of forming a corporation to do business both within and without the State of Florida, does make, subscribe, acknowledge and file these Articles, hereby declaring and certifying that the facts herein stated are true, that the undersigned is familiar with and accepts the duties and obligations as registered agent for said corporation and accordingly, has executed this document on this 21st day of July, 1995.


KATHRYN GARRIOTT

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

96 SEP 26 PM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000064814**

1 Corporation Name

NETWORK PHARMACY, INC.

Principal Place of Business

**988 NW NINTH BOULEVARD
GAINESVILLE FL 32605**

Mailing Address

**988 NW NINTH BOULEVARD
GAINESVILLE FL 32605**

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

2 New Principal Office Address, If Applicable

3601 SW 2nd Ave

Suite, Apt. #, etc

Ste M

City & State

GAINESVILLE, FL

Zip

32607

Country

USA

3 New Mailing Office Address, If Applicable

3601 SW 2nd Ave

Suite, Apt. #, etc

Ste M

City & State

GAINESVILLE, FL

Zip

32607

Country

USA

REINSTATEMENT

4 Date Incorporated or Qualified
To Do Business in Florida

08/21/1985

5 FEI Number

59-3345740

Applied For

Not Applicable

6 CERTIFICATE OF STATUS DESIRED ☐

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

1 Title	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	KATHY GARRIOTT	3601 SW 2nd Ave Ste M	Gainesville, FL 32607
V	Tina Hilliard	Same	Same

200001875212--U
-10/15/96--01214--016
******375.00 ****375.00**

8. Name and Address of Current Registered Agent

GARRIOTT, KATHRYN

988 NW NINTH BOULEVARD-3601 SW 2nd Ave. Ste M
GAINESVILLE FL-32605-32607

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Kathy Garratt

REGISTERED AGENT MUST SIGN

Date **9/25/96**

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:

Kathy Garratt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/25/96
Date

352/335-5588
Daytime Phone #

CR2:040 (7-96)