

APPROVED
AND
FILED

07 NOV 16 AM 11:27

**2007 FOR PROFIT CORPORATION
REINSTATEMENT**SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000004890			
1. Entity Name NATIONAL PHARMACEUTICAL NETWORK, INC.			
Principal Place of Business 4300 NEW GETWELL ROAD MEMPHIS, TN 38118		Mailing Address 4300 NEW GETWELL ROAD MEMPHIS, TN 38118	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Kimberly Breunling Assistant Secretary 11/8/07 SIGNATURE: _____ DATE: _____ (Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating.)			
FILE NOW!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAYES, MICHAEL J 4300 NEW GETWELL RD MEMPHIS, TN ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 500112634365 11/28/07--01007--021 ***600.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REIER, JOHN D 4300 NEW GETWELL RD MEMPHIS, TN 38118 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRUCE EFIRD 4300 New Getwell Road Memphis, TN 38118 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CASEY, JOHN A 4300 NEW GETWELL RD MEMPHIS, TN 38118 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JERRY SHORE 4300 New Getwell Road Memphis, TN 38118 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VAIL, CHARLES S 4300 NEW GETWELL RD MEMPHIS, TN 38118 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: Charles S. Vail		CHARLES S. VAIL 11/7/07 901-258-2720	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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