

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P98000004890

**FILED**  
**Oct 07, 2014**  
**Secretary of State**

**Entity Name:** NATIONAL PHARMACEUTICAL NETWORK, INC.

**Current Principal Place of Business:**

4300 NEW GETWELL ROAD  
MEMPHIS, TN 38118

**New Principal Place of Business:**

**Current Mailing Address:**

4300 NEW GETWELL ROAD  
MEMPHIS, TN 38118

**New Mailing Address:**

**FEI Number:** 59-3494719

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** MARK C. DELY

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** HAYES, MICHAEL J  
**Address:** 4300 NEW GETWELL RD  
**City-St-Zip:** MEMPHIS, TN

**Title:** P  
**Name:** EFIRD, BRUCE  
**Address:** 4300 NEW GETWELL RD  
**City-St-Zip:** MEMPHIS, TN 38118

**Title:** V  
**Name:** SHORE, JERRY A  
**Address:** 4300 NEW GETWELL RD  
**City-St-Zip:** MEMPHIS, TN 38118

**Title:** SEC  
**Name:** DELY, MARK C  
**Address:** 4300 NEW GETWELL RD  
**City-St-Zip:** MEMPHIS, TN 38118

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** MARK C. DELY

SVP

10/07/2014

Electronic Signature of Signing Officer or Director

Date