

Q15000000001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

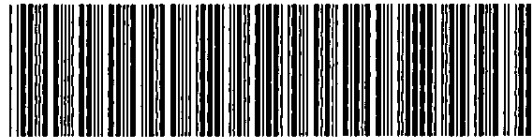
(Business Entity Name)

(Document Number)

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RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2015 JAN -5 AM 1:47  
NOT PREPARED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED  
2015 JAN -5 PM 1:15  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

JAN 07 2015  
J. BRUCE

ACCOUNT NO. : I20000000195

REFERENCE : 447754 4352697

AUTHORIZATION

COST LIMIT : \$ 35.00



ORDER DATE : January 5, 2015

ORDER TIME : 12:07 PM

ORDER NO. : 447754-005

CUSTOMER NO: 4352697

FOREIGN FILINGS

NAME: ST. MARY'S MEDICAL PARK  
PHARMACY, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: \_\_\_\_\_

2015 JAN -5 PM 1:15  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** St. Mary's Medical Park Pharmacy, Inc.  
(Name of Alien Business Organization)

Dear Sir or Madam:

The enclosed Designation of Registered Agent and Registered Office for Alien Business Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joan O. Lenahan  
(Name of Person)

Humana Inc.  
(Firm/Company)

500 West Main Street, Law Department  
(Address)

Louisville, KY 40202  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jennifer G. Webb at ( 502 ) 580-3777  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$35.00 Filing Fee

\$43.75 Filing Fee & Certified Copy

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TALLAHASSEE FLORIDA

**DESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE FOR  
ALIEN BUSINESS ORGANIZATION**

PURSUANT TO SECTION 607.0505, FLORIDA STATUTES, THE UNDERSIGNED ALIEN BUSINESS ORGANIZATION SUBMITS THE FOLLOWING STATEMENT IN ORDER TO DESIGNATE ITS REGISTERED AGENT AND REGISTERED OFFICE IN THE STATE OF FLORIDA:

1. St. Mary's Medical Park Pharmacy, Inc.  
(Name of alien business organization)

2. Arizona (State or country under which entity is organized)      3. 86-0597187  
(FEI Number, if applicable)

4. 500 West Main Street, c/o Corporate Secretary, Louisville, KY 40202  
(Principal office address)

5. Name and Florida Street address of registered agent.  
Corporation Service Company  
1201 Hays Street  
Tallahassee, FL 32301

6. The street address of the registered office and the street address of the business office of the registered agent are identical.

7.   
(Signature of chairman, vice chairman, or officer)

8. Joan O. Lenahan, Vice President and Corporate Secretary  
(Name and capacity of person signing in number 7 above)

9. Signature of registered agent:

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505, Florida Statutes.*

 **Courtney Williams**  
(Registered agent accepting appointment) **Asst. Vice President**

01.05.15  
(Date)

2015 JAN -5 PM 15  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**FILED**

**THE FILING OF THIS ALIEN BUSINESS ORGANIZATION FORM WITH THE FLORIDA DEPARTMENT OF STATE DOES NOT AUTHORIZE THE ABOVE REFERENCED ENTITY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.**

**FILING FEE \$35**

**Make checks payable to Florida Department of State and mail to:  
Division of Corporations P. O. Box 6327 Tallahassee, FL 32314**