

State of Idaho

Office of the Secretary of State

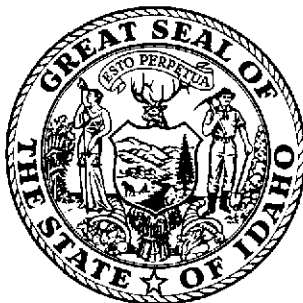
**CERTIFICATE OF REGISTRATION
OF
LINCARE PHARMACY SERVICES INC.**

File Number C 209191

I, LAWRENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that an application for Foreign Registration Statement, duly executed pursuant to the provisions of the Idaho Uniform Business Organization Code, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Registration to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: March 14, 2016



Lawrence Denney
SECRETARY OF STATE

By *Lawrence Denney*



FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the form in duplicate.

2016 MAR 14 AM 10:36
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the entity is: Lincare Pharmacy Services Inc.
2. The name which it shall use in Idaho is: Reliant Pharmacy Service
(Enter a name here, only if you are permitted to adopt an alternate name.)
3. Select the type of entity you wish to register:

<input checked="" type="checkbox"/> Business Corporation	<input type="checkbox"/> General Partnership
<input type="checkbox"/> Nonprofit Corporation	<input type="checkbox"/> General Cooperative Association
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Partnership (Including a limited liability limited partnership)
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Statutory Trust, Business Trust, or Common-law Business Trust
<input type="checkbox"/> Other: _____ <small>(Use "Other" only if your foreign entity type is <u>not</u> listed above and enter the type here.)</small>	
4. Jurisdiction of formation: Delaware
(Provide the domestic jurisdiction where the entity was formed.)
5. The address of its principal office is:
19387 US 19 North, Clearwater, FL 33764
(Street Address)

(Mailing Address, if different)
6. The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:
N/A
(Street Address)

(Mailing Address, if different)
7. The mailing address to which correspondence should be addressed, if different from item 5, is:
Same
(Address)
8. The name of the registered agent and street address of registered agent in Idaho:
CT Corporation System 921 S Orchard Street, Suite G, Boise, ID 83705
(Name) (Address)
9. The name, capacity, and mailing address of at least one governor:

<u>Greg McCarthy</u>	<u>President</u>	<u>19387 US 19 North, Clearwater, FL 33764</u>
<small>(Name)</small>	<small>(Capacity)</small>	<small>(Address)</small>
_____	_____	_____
<small>(Name)</small>	<small>(Capacity)</small>	<small>(Address)</small>

Signature: _____

Typed Name: Greg McCarthy

Capacity: President

Secretary of State use only

IDAHO SECRETARY OF STATE

03/14/2016 05:00

CK:16463094 CT:321718 BH:1518368
1@ 100.00 = 100.00 FOR REG ST #2

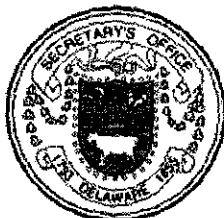
C209191

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LINCARE PHARMACY SERVICES INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF FEBRUARY, A.D. 2016.



2865872 8300

SR# 20161300261

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 201903474

Date: 02-29-16