

State of Idaho

Office of the Secretary of State

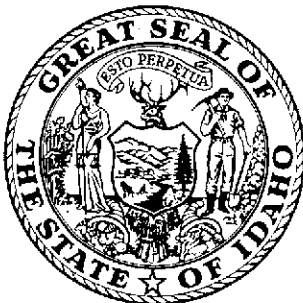
**CERTIFICATE OF REGISTRATION
OF
PRIORITY HEALTHCARE DISTRIBUTION, INC.**

File Number C 213362

I, LAWERENCE 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: April 12, 2017



Lawrence Denney
SECRETARY OF STATE

By *Cynthia*

202



FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

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

Complete and submit the form in duplicate.

2017 APR 12 AM 11:50

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the entity is: Priority Healthcare Distribution, Inc.
2. The name which it shall use in Idaho is: _____
(Enter a name here, only if you are required 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: Florida
(Provide the domestic jurisdiction where the entity was formed.)
5. The address of its principal office is:
One Express Way, St. Louis, MO 63121
(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:

(Street Address)

(Mailing Address, if different)
7. The mailing address to which correspondence should be addressed, if different from item 5, is:

(Address)
8. The name of the registered agent and street address of registered agent in Idaho:
Corporation Service Company, 12550 W. Explorer Drive, Suite 100, Boise, ID 83713
(Name) (Address)
9. The name, capacity, and mailing address of at least one governor:

<u>Martin P. Akins</u>	<u>Director</u>	<u>One Express Way, St. Louis, MO 63121</u>
<small>(Name)</small>	<small>(Capacity)</small>	<small>(Address)</small>

<small>(Name)</small>	<small>(Capacity)</small>	<small>(Address)</small>
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Signature: _____

Typed Name: Rodney FahsCapacity: Assistant Secretary

Secretary of State use only

IDAHO SECRETARY OF STATE

04/12/2017 05:00

CK:13192502 CT:172099 BH:1578725

1@ 100.00 = 100.00 FOR REG ST #2

1@ 20.00 = 20.00 EXPEDITE C #3

C213362

State of Florida

Department of State

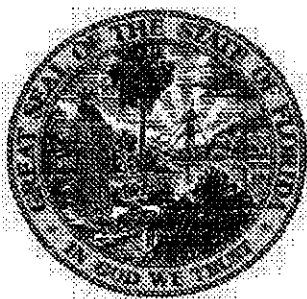
I certify from the records of this office that PRIORITY HEALTHCARE DISTRIBUTION, INC. is a corporation organized under the laws of the State of Florida, filed on December 26, 2001.

The document number of this corporation is P01000121961.

I further certify that said corporation has paid all fees due this office through December 31, 2016, that its most recent annual report/uniform business report was filed on April 28, 2016, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Eleventh day of April, 2017*



Ken Detjen
Secretary of State

Tracking Number: CU9320407346

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>