



MINNESOTA
DEPARTMENT OF
COMMERCE



85 7th Place East, Suite 500
St. Paul, Minnesota 55101-2198
www.commerce.state.mn.us
651.296.4026 FAX 651.297.1959
An equal opportunity employer

December 28, 2011

SHARAINA A SIBBLIES ESQ
CARLTON FIELDS PA
100 SE SECOND STREET SUITE 4200
MIAMI, FL 33131

Re: F-6093
AMERISOURCEBERGEN DRUG CORPORATION
GOOD NEIGHBOR PHARMACY F/A

Dear Ms. Sibblies:

The Annual Report has been reviewed and is in compliance with Minnesota Statute Chapter 80C and Minnesota Rules Chapter 2860.

This means that there continues to be an effective registration statement on file and that the franchisor may offer and sell the above-referenced franchise in Minnesota.

The franchisor is not required to escrow franchise fees, post a Franchise Surety Bond or defer receipt of franchise fees during this registration period.

As a reminder, the next annual report is due within 120 days after the franchisor's fiscal year end, which is September 30, 2012.

Sincerely,

MIKE ROTHMAN
Commissioner

By:

Daniel Sexton
Commerce Analyst Supervisor
Registration Division
(651) 296-4520

MR:DES:dlw

Form A – Uniform Franchise Registration Application

UNIFORM FRANCHISE REGISTRATION APPLICATION

File No. F-6093
(Insert file number of immediately preceding filing of Applicant)

State: Minnesota

Fee: \$200

State of Minnesota
Dept. of Commerce
DEC 27 2011
Rec'd [Signature]

APPLICATION FOR (Check only one):

- INITIAL REGISTRATION OF AN OFFER AND SALE OF FRANCHISES
- RENEWAL APPLICATION OR ANNUAL REPORT
- PRE-EFFECTIVE AMENDMENT
- POST-EFFECTIVE MATERIAL AMENDMENT

1. Full legal name of Franchisor:
AmerisourceBergen Drug Corporation (d/b/a Good Neighbor Pharmacy)
2. Name of the franchise offering:
Good Neighbor Pharmacy Premier Agreement
3. Franchisor's principal business address:
1300 Morris Drive
Chesterbrook, Pennsylvania 19087
4. Name and address of Franchisor's agent in this State authorized to receive service of process:
Commissioner of Commerce
85 7th Place East, Suite 500
St. Paul, Minnesota 55101
5. The states in which this application is or will be shortly on file:
California
Hawaii
Illinois
Indiana
Maryland

12-28-11
A/R
9/30

Form A (cont'd) – Uniform Franchise Registration Application

Minnesota
New York
North Dakota
Rhode Island
South Dakota
Virginia
Washington
Wisconsin

6. Name, address, telephone and facsimile numbers, and e-mail address of person to whom communications regarding this application should be directed:

Sharaine A. Sibblies, Esq.
Carlton Fields, P.A.
100 S.E. Second Street
Suite 4200
Miami, Florida 33131
(305)539-7378 (direct)
(305)530-0055 (fax)
ssibblies@carltonfields.com

Certification

I certify and swear under penalty of law that I have read and know the contents of this application, including the Franchise Disclosure Document with an issuance date of December 22, 2011 attached as an exhibit, and that all material facts stated in all those documents are accurate and those documents do not contain any material omissions. I further certify that I am duly authorized to make this certification on behalf of the Franchisor and that I do so upon my personal knowledge.

Signed at Chesterbrook, PA., Dec. 21, 2011.

Franchisor:

By: Michael Cantrell

Name: Michael Cantrell**Title: President, Good Neighbor Pharmacy**

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