

OFFICE USE ONLY (Document #)

EXPRESS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3940 W. FLAGLER ST. 2nd FLOOR

(Address)

MIAMI, FL 33134

(305) 444-4994

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

00 AUG 21 AM 10:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Prescription Care Providers, INC  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in ☒ Pick up time \_\_\_\_\_

☒ Certified Copy 003365116--1  
-08/21/00--01009--007

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certificate of Status \*\*\*\*\*78.75 \*\*\*\*\*78.75

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED  
00 AUG 21 AM 9:24  
TALLAHASSEE, FLORIDA

Examiner's Initials

**ARTICLES OF INCORPORATION  
OF  
PRESCRIPTION CARE PROVIDERS, INC.**

**FILED**  
00 AUG 21 AM 10:54  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation:

**ARTICLE I NAME**

The name of the corporation shall be PRESCRIPTION CARE PROVIDERS, INC. The existence of this corporation shall commence upon the filing of these Articles of Incorporation and shall continue perpetually unless dissolved by law.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be: c/o 999 Ponce De Leon Blvd., #715, Coral Gables, Florida 33134.

**ARTICLE III NATURE OF BUSINESS**

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

**ARTICLE IV CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000 shares of common stock with par value of one (\$1.00) dollar per share.

**ARTICLE V INITIAL REGISTERED AGENT AND ADDRESS**

The name of the initial registered agent is:

**Gustavo L. Padron  
C/o 999 Ponce De Leon Blvd. #715  
Coral Gables, Florida 33134**

## ARTICLE VI INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

Gustavo L. Padron  
C/o 999 Ponce De Leon Blvd. #715  
Coral Gables, Florida 33134

## ARTICLE VII OFFICERS AND DIRECTORS

The initial board of directors of the corporation shall be composed of one director. The name and address of the initial officer and director who shall hold office for the first year of the corporation, or until a successor is elected or appointed is:

Gustavo L. Padron	President, Secretary and Treasurer
C/o 999 Ponce De Leon Blvd. #715	
Coral Gables, Florida 33134	

The undersigned Incorporator has executed these Articles of Incorporation this 2<sup>nd</sup> day of August, 2000.

  
Gustavo L. Padron

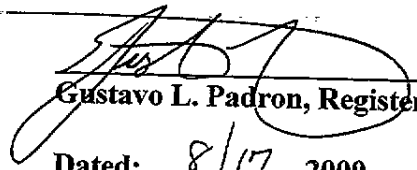
**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provision of sections 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: **PRESCRIPTION CARE PROVIDERS, INC.**
2. The name and address of the registered agent and office is:

**Gustavo L. Padron**  
**C/o 999 Ponce De Leon Blvd., #715**  
**Coral Gables, Florida 33134**

Having been named as Registered Agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of the statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

  
\_\_\_\_\_  
Gustavo L. Padron, Registered Agent

Dated: 8/17, 2000

**FILED**  
00 AUG 21 AM 10:54  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA