

**P06000079375**

Florida Department of State  
Division of Corporations  
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Account Name : EXPRESS CORPORATE FILING SERVICE INC.  
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**FLORIDA PROFIT/NON PROFIT CORPORATION**

**DOCTORS MEDICAL PHARMACY, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

06 JUN -8 PM 12: 09  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

*J 6/9/06*

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

DOCTORS MEDICAL PHARMACY, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

1240-A NW 119 STREET  
MIAMI, FL 33167

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is:

SHARES: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

RODOLFO CEPERO (P/D)  
LUIS PORTAL (P/D)  
1240-A NW 119 STREET  
MIAMI, FL 33167

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

RODOLFO CEPERO  
1240-A NW 119 STREET  
MIAMI, FL 33167


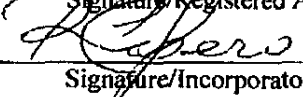
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

RODOLFO CEPERO  
LUIS PORTAL  
1240-A NW 119 STREET  
MIAMI, FL 33167

\*\*\*\*\*

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Signature/Registered Agent  
  
\_\_\_\_\_  
Signature/Incorporator

06-07-06  
\_\_\_\_\_  
Date  
06-07-06  
\_\_\_\_\_  
Date

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