

P98 0000 40109

TRANSMITTAL LETTER

Florida Department of State  
DIVISION OF CORPORATIONS  
409 East Gaines Street  
Tallahassee, Florida 32399

500002508135--2  
-05/01/98--01082--011  
\*\*\*367.50 \*\*\*122.50

SUBJECT: MEDICATION ASSISTANCE PROGRAM, INC.

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

\$70.00  
Filing Fee

\$78.75  
Filing Fee  
& Certificate

\$122.50  
Filing Fee  
& Certified Copy

\$131.25  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: William Watson Trick, Jr.  
1216 E. Atlantic Blvd., Suite 7  
Pompano Beach, Florida 33060  
954-942-9774

FILED  
98 MAY -1 PM 1:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

019  
34

ARTICLES OF INCORPORATION

OF

MEDICATION ASSISTANCE PROGRAM, INC.

FILED  
98 MAY -1 PM 1:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE 1: CORPORATE NAME:** The name of this corporation is **MEDICATION ASSISTANCE PROGRAM, INC.**

**ARTICLE 2: PRINCIPAL OFFICE:** The street address of the initial principal office of this corporation is 1000 W. McNab Road, Pompano Beach, Florida 33069.

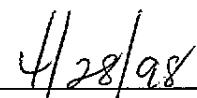
**ARTICLE 3: AUTHORIZED NUMBER OF SHARES:** This corporation is authorized to issue one thousand shares (1,000) of common stock having no par value.

**ARTICLE 4: INITIAL REGISTERED AGENT AND OFFICE:** The street address of this corporation's initial registered office is 1216 E. Atlantic Blvd., Suite 7 Pompano Beach, Florida 33060. The name of the initial registered agent of this corporation at that address is William Watson Trick, Jr.

**ARTICLE 5: INCORPORATOR:** The name and address of the incorporator of this corporation is Victoria Luciano, located at 1000 W. McNab Road, Pompano Beach, Florida 33069.

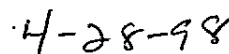
**ARTICLE 6: INITIAL DIRECTOR:** The name and address of the individuals who are to serve as the initial directors of this corporation are Victoria Luciano, at 1000 W. McNab Road, Pompano Beach, FL and Pamela Cummings, at 1000 W. McNab Road, Pompano Beach, FL.

  
VICTORIA LUCIANO, Incorporator

  
Date

*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 all 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.*

  
WILLIAM WATSON TRICK, JR.

  
Date