

P98000077172

TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

400002624984--3  
-08/26/98--01019--016  
\*\*\*\*122.50 \*\*\*\*122.50

SUBJECT: Advanced Pharmacy Solutions, Inc  
(Proposed corporate name - must include suffix)

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

FROM:

CHRISTINE H. BRAUN

Name (printed or typed)

13710 - 76th AVE N.

Address

SEMINOLE FL 33776

City, State & Zip

1-813-397-2955

Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

98 SEP -8 AM 9:06

FILED

NOTE: Please provide the original and one copy of the articles.

T. SMITH SEP 08 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

August 27, 1998

CHRISTINE H. BRAUN  
13710 76TH AVE.  
SEMINOLE, FL 33776

SUBJECT: PHARMACY SOLUTIONS, INC  
Ref. Number: W98000019683

We have received your document for PHARMACY SOLUTIONS, INC and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6927.

Tracy Smith  
Document Specialist

Letter Number: 698A00044449

# ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

## ARTICLE I NAME

The name of the corporation shall be:

Advanced PHARMACY SOLUTIONS, INC

## ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

13710 - 76<sup>th</sup> AVE N.  
SEMINOLE, FL 33776

## ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 share @ \$1.00 par value

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CHRISTINE H. BRAUN  
13710 - 76<sup>th</sup> AVE N.  
SEMINOLE, FL 33776

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TALLAHASSEE, FLORIDA

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ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

CHRISTINE H. BRAUN  
13710 - 76<sup>B</sup> AVE N.  
SEMINOLE, FL 33776

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

6 day of AUGUST, 1998.

Christine H. Braun

Signature

Signature

Signature

Articles of Incorporation  
Filing Fee - \$35

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: ~~PHARMACY SOLUTIONS, Inc~~  
Advanced Pharmacy Solutions, Inc.

2. The name and address of the registered agent and office is:

CHRISTINE H. BRAUN  
(Name)  
13710 - 76<sup>th</sup> AVE N.  
(P.O. Box not acceptable)  
SEMINOLE FL 33776  
(City/State/Zip)

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TALLAHASSEE, FLORIDA

*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.*

  
(Signature)

8/6/98