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Florida Department of State
Division of Corporations
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To: Division of Corporations
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From: Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
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**FOREIGN PROFIT/NONPROFIT CORPORATION
PROXYCARE ALABAMA INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
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RECEIVED
10 DEC - 1 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2010 DEC - 1 PM 3:50
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TALLAHASSEE, FLORIDA

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7 Burch DEC 02 2010

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

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1. Proxycare Alabama Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Alabama 3. 27-4003594
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. November 16, 2010 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. upon registration
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2436 Glascott Point, Hoover, Alabama 35226
(Principal office address)

2436 Glascott Point, Hoover, Alabama 35226
(Current mailing address)

8. prescription medicine business
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

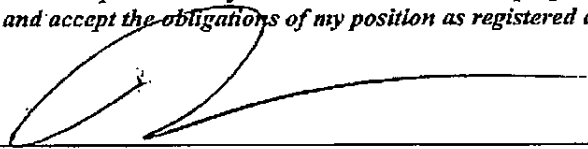
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Ted Klein

Office Address: 8030 Peters Road, D-104

Plantation, Florida 33324
(City) (Zip code)

10. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Luis Cruz

Address: 4700 S.W. 51 Street, Suite 215
Ft. Lauderdale, Florida 33314

Director: Maria Fandetti

Address: 2436 Glascott Point
Hoover, Alabama 35226

B. OFFICERS

President: Maria Fandetti

Address: 2436 Glascott Point
Hoover, Alabama 35226

Vice President: Luis Cruz

Address: 4700 S.W. 51 Street, Suite 215
Ft. Lauderdale, Florida 33314

Secretary: Luis Cruz

Address: see above

Treasurer: Luis Cruz

Address: see above

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Luis Cruz, Vice-President

(Typed or printed name and capacity of person signing application)

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STATE
TALLAHASSEE, FLORIDA

Beth Chapman
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Beth Chapman, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that PROXYCARE ALABAMA INC. was formed in Montgomery County, Alabama on November 16, 2010. The Alabama Entity Identification number for this entity is 265-755. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.

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TALLAHASSEE, FLORIDA

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In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

November 30, 2010

Date

Beth Chapman

Beth Chapman

Secretary of State