

CHANDLER KITE STANARD
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A PROFESSIONAL CORPORATION
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July 11, 1995

Qualification/Tax Lien Sec.
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314-6327

100001541601
-07/19/95--01070--015
*****70.00 *****70.00

REFERENCE: Pharmaceutical Healthcare Providers, Inc.

Dear Sirs:

Attached is an Application By Foreign Corporation for Authorization To Transact Business in Florida, a Transmittal Sheet, a Certificate of Existence and the filing fee of \$70.00 for such application for Pharmaceutical Healthcare Providers, Inc.

Please process this application as quickly as possible.

Very truly yours,

STANARD & MARK, P.C.

CHANDLER KITE STANARD
For the Firm

CKS:cbb

File 10637.352
SWD8B/10637.flb

TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION
DIVISION OF CORPORATIONS

SUBJECT: Pharmaceutical Healthcare Providers, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Chandler Kite Stanard

(Name of Person)

STANARD & MARK, P.C.

(Firm/Company)

Post Office Box 2664

(Address)

Mobile, Alabama 36652-2664

(City, State and Zip Code)

Should you need to call someone concerning this matter, please call:

Charolette

(Name of Person)

at (334) 432 - 0702

Area Code & Daytime Telephone Number

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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:

1. (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

6. Pending authorization to do business
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.155, F.S.)

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

Pensacola , Florida , 32504
(Zip Code)

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.

A. Ronald Turner
(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 addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

DIRECTOR: _____

~~XXXXXXXXXXXX~~ Richard B. White

Address: 177 Baldwin Square

Fairhope, Alabama 36532

Director: Robert B. O'Daniel

Address: 177 Baldwin Square

Fairhope, Alabama 36532

Director: A. Ronald Turner

Address: 177 Baldwin Square

Fairhope, Alabama 36532

B. OFFICERS

President: Greg Drury

Address: 3610 Wheeler Road, Suite D

Augusta, Georgia 30909

Vice President: _____

Address: _____

Secretary: Robert B. O'Daniel

Address: 177 Baldwin Square

Fairhope, Alabama 36532

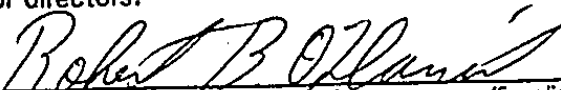
Treasurer: Robert B. O'Daniel

Address: 177 Baldwin Square

Fairhope, Alabama 36532

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

13.



(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

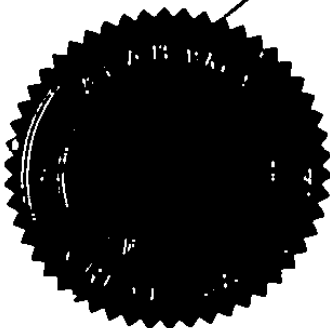
14.

Robert B. O'Daniel, Secretary/Treasurer

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

STATE OF ALABAMA

I, Jim Bennett, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that the domestic corporation records on file in this office disclose that Pharmaceutical Healthcare Providers, Inc. incorporated in Baldwin County, Fairhope, Alabama on June 20, 1995. I further certify that the records do not disclose that said Pharmaceutical Healthcare Providers, Inc. has been dissolved.



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.

July 6, 1995

Date

Jim Bennett

Jim Bennett

Secretary of State