Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H060002730173)))



H080002730173ABC-

Note: DO NOT hit the REFRESH/RBLOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0383

From

Account Name : HODGSON RUSS LLP
Account Number : 072720000242
Phone : (561)394-0500
Fax Number : (561)394-3862

RECEIVED

06 NOV 13 AH 8:-06

01VIS:ON OF CORPORATION

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Physician's Choice Pharmacy, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

11/10/2006

106-109972

Marla R. Mayster 1801 North Military Trail Suite 200

Boca Raton, Florida 33431 Telephone: 561.394.0500 Facsimile: 561.394.3862



A Registered Limited Liability Partnership Including Professional Associations

Please deliver the following pages to:

Name:

Division of Corporations

Phone Number:

Company:

Florida Dept. of State

Facsimile:

850-205-0383

From:

Marla R. Mayster Direct Telephone: 561-862-4126

Total Pages:

(including cover page) 04

Today's Date:

Friday, November 10, 2006 11:46:48 AM

Comments:

Please file the attached Articles of Organization of Physician's Choice Pharmacy, LLC. Thank you.

2006 NOV 13 AM 9: 40
SECRETARY OF STATE
AHASSEE, FLORIDA

Confidentiality Notice

This is a CONFIDENTIAL transmission. The sender, Hodgson Russ LLP, is a law firm representing its client. The transmission is intended for the designated addressee only. If you are not the intended recipient, please contact us immediately and REFRAIN FROM DISCLOSING OR USING THE ENCLOSED INFORMATION IN ANY WAY. Failure to comply with this direction may result in a claim that you have violated the law and/or are liable for money damages.

Thank you for your attention to this message. If you have received this transmission in error, please notify us by telephone 561-862-4126 immediately so that we can arrange for the return of the documents to us at no cost to you.

PAGE 003/004

Fax Server

JUN-09-2004 02:34 From:

To:Hodeson Russ LLP

P.1/2

H06000273017 3

ARTICLES OF ORGANIZATION OF PHYSICIAN'S CHOICE PHARMACY, LLC

ARTICLE I

The name of the limited liability company is Physician's Choice Pharmacy, LLC (the "Company").

ARTICLE II ADDRESS

The mailing address and the street address of the principal office of the Company is 2301 West Sample Road, Suite 5A, Pompano Beach, FL 33073.

ARTICLE III INITIAL REGISTERED AGENT

The name and street address of the initial registered agent for service of process of the Company in the State of Florida are:

Douglas R. Smith, MD 2301 West Sample Road, Suite 5A Pompano Boach, FL 33073

ARTICLE IV MANAGER OR MANAGING MEMBER

The name and address of each Manager ("MGR") or Managing Member ("MGRM") are:

MGR

Douglas R. Smith, MD 2301 West Sample Road, Suite 5A Pompano Beach, FL 33073

IN WITNESS WHEREOF, the undersigned made and executed these Articles of Organization this // day of _______, 2006.

Douglas K. Smith, MD, Manager

- 1 -

H06000273017 3

2006 NOV 13 AM 9: 4U

PAGE 004/004

Fax Server

JUN-09-2004 02:34 From:

To:Hodeson Russ LLP

P.2/2

H06000273017 3

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE AGENT

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE BELOW NAMED LIMITED LIABILITY COMPANY SUBMITS THE POLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATIL OF FLORIDA.

- 1. The name of the limited liability company is Physician's Choice Pharmacy, LLC.
- 2. The name and Florida street address of the registered agent and office are:

Douglas R. Smith, MD 2301 West Sample Road, Suite 5A Pompano Beach, FL 33073

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned firstner agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and it is familiar with and accept the obligations of its position as registered agent

Douglas R. Smith MID

SECRETARY OF STATE

- 2 -