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Account Number: 105256001620

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Pharmacy of America, LLC

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FAX AUDIT #_ #070000170163

OF Pharmacy of America, LLC

ARTICLE I

NAME

The name of the limited liability company shall be: Pharmacy of America, LLC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 2613 Centerville Rd, Tallahassec, Florida 32308.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Rodney Sydnor, 2613 Centerville Rd, Tallahassee, Florida 32308. Located in the County of Leon.

ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2047.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the names and addresses of the members of the Limited Liability Company are:

Rodney Sydnor, 2613 Centerville Rd, Tallahassee, Florida 32308 Christina W. Sydnor, 10521 Chambers Dr, Tampa, Florida 33626 Dakota P. Sydnor, 10521 Chambers Dr, Tampa, Florida 33626 Zachary R. Sydnor, 10521 Chambers Dr, Tampa, Florida 33626

Business Filings Incorporated, Organizer

Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,

Madison, WI 53717

(608) 827-5300

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, 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.

The name of the limited liability company is: Pharmacy of America, LLC

The name and address of the registered agent and office is Rodney Sydnor, 2613 Centerville Rd, Tallahassee, Florida 32308. Located in the County of Leon.

Having been named as registered agent and to accept service of process for the above stated company 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:

Rodney Sydnor

Date: 1 1171 2007

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