

TRANSMITTAL LETTER

NO/000000 7441

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

SUBJECT: First Choice Consultant Pharmacy Services, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

900004641129--5

-10/18/01--01027--001

*****70.00 *****70.00

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 of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: D. E. Lawrence

Name (Printed or typed)

2667-4 Dunn Ave.

Address

Jacksonville, FL 32218

City, State & Zip

904-924-9446

Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

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

ARTICLE I NAME

The name of the corporation shall be:

FIRST CHOICE CONSULTANT PHARMACY SERVICES, INC.

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ARTICLE II PRINCIPAL OFFICE

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

26674 Dunn Ave

Mailing Address: P O Box 77553

Jacksonville, FL 32218

Jacksonville, FL 32226

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To assist Senior Citizens and Other Individuals Who are uninsured, underinsured or financially challenged with acquiring their medications for free or at a substantially reduced price.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

The president of the corporation shall appoint directors.

ARTICLE V INITIAL DIRECTORS/OFFICERS

The name(s), address(es) and title(s):

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is:

D. Elaine Lawrence

10841 Biscayne Blvd

Jacksonville, FL 32218

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

D. Elaine Lawrence; 10841 Biscayne Blvd; Jacksonville, FL 32218

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

D. Elaine Lawrence

Signature/Registered Agent

10/15/01
DateD. Elaine Lawrence

Signature/Incorporator

10/15/01
Date