

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

700002631317--4

-09/02/98--01059--026

\*\*\*\*122.50 \*\*\*\*122.50

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. PROCARE COMMUNITY PHARMACY, INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input checked="" type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED  
98 SEP -2 AM 11:14  
DIVISION OF CORPORATION

FILED  
98 SEP -8 PM 3:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

September 4, 1998

LAZARUS

*ATTN: Sharon*

MIAMI, FL

SUBJECT: PROCARE COMMUNITY PHARMACY, INC.  
Ref. Number: W98000020131

We have received your document for PROCARE COMMUNITY PHARMACY, INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved entity. The name of a voluntarily dissolved Florida entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved entity provides the Department of State with a notarized affidavit, executed pursuant to section 607.0120 or 608.408, Florida Statutes, permitting the immediate assumption or use of the name by another entity.

If the document is resubmitted, please return a copy of this letter to ensure your document is properly handled.

If you have any further questions regarding the availability of a particular name, please call (904) 488-9000.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6934.

Loria Poole  
Corporate Specialist

Letter Number: 798A00045269

RECEIVED  
98 SEP - 8 PM 2: 59  
DIVISION OF CORPORATIONS

## Procare Community Pharmacy, Inc.

7859 NW 15<sup>th</sup> Street  
Miami, Florida 33126  
Tel: (305) 477-2750  
Fax: (305) 477-5899

Division of Corporation  
PO Box 6327  
Tallahassee, Fl. 32314

September 8, 1998

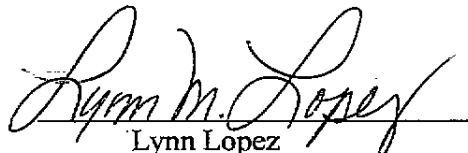
To Whom It May Concern:

Enclosed you will find the affidavit for the above mentioned. We are intending to file as a Non-Profit Incorporation and our Profit Incorporation has been voluntarily dissolved there fore we are doing the necessary papers to file the Non-Profit Corporation. **We have no intentions of revocation of the voluntarily dissolved Profit Incorporation (PN7000025583).**

Please process as soon as possible, if you have any questions do not hesitate to contact me @ the above number.

Cordially Yours

  
Mercy Valle

  
Lynn Lopez  
Notary Public



LYNN M. LOPEZ  
My Commission CC426074  
Expires Dec. 07, 1998  
Bonded by NFNU  
800-224-6368

**ARTICLES OF INCORPORATION****FOR**

Procure Community Pharmacy, Inc.

**FILED**  
98 SEP -8 PM 3:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, acting as incorporator(s) of a corporation pursuant to chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation:

**ARTICLE I NAME**

The name of the corporation shall be:

Procure Community Pharmacy, Inc.

**ARTICLE II PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS**

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

7859 N.W. 15th Street  
Miami, Fl. 33126

**ARTICLE III PURPOSE(S)**

The specific purpose(s) for which the corporation is organized is (are):

Pharmaceutical

**ARTICLE IV MANNER OF ELECTION OF DIRECTORS**

The manner in which the directors are elected or appointed is as follows:

The manner of election is by its minutes  
and its bylaws

**ARTICLE V LIMITATION OF CORPORATE POWERS**

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes, unless limited as follows:

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

Mercy Valle  
7859 N.W. 15th Street  
Miami, Fl. 33126

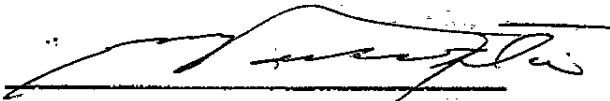
**ARTICLE VII INCORPORATORS**

The name(s) and street address(es) of the incorporator(s) for these Articles of Incorporation is(are):

Mercy Valle  
7859 N.W. 15th Street  
Miami, Fl. 33126

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this  
31 day of August, 19 98.

Signature(s) of the Incorporator(s)



Mercy Valle

Typed name of incorporator signing

Typed name of incorporator signing

Typed name of incorporator signing

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, 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.

1. The name of the corporation is: Procure Community Pharmacy, Inc.

2. The name and address of the registered agent and office is:

Mercy Valle

(NAME)

7859 N.W. 15th Street

(P.O. BOX NOT ACCEPTABLE)

Miami, Fl. 33126

(CITY/STATE/ZIP)

FILED  
98 SEP -8 PM 3:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION 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 

DATE August 31, 1998

REGISTERED AGENT FILING FEE: \$35.00