

TRANSMITTAL LETTER

PO000005417

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

SUBJECT: EXTENDED CARE PHARMACY, INC  
(Proposed corporate name - must include suffix)  
-01/19/00--01001--012  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

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 of  
Status

ADDITIONAL COPY REQUIRED

FROM: M. EDWARD PHILLIPS  
Name (Printed or typed)

P.O. Box 86 625 SR 20 W  
Address

HOLLISTER, FL 32147  
City, State & Zip

904 328-0987  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 JAN 18 PM 4:00

APPROVED  
AND  
FILED

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

RECEIVED  
00 JAN 18 PM 3:57

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

T. SMITH JAN 18 2000

# ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

## ARTICLE I NAME

The name of the corporation shall be:

EXTENDED CARE PHARMACY, INC

## ARTICLE II PRINCIPAL OFFICE

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

P.O. Box 86  
625 SR 20 W  
HOLLISTER, FL 32147

## ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

M. EDWARD PHILLIPS  
625 SR 20 WEST  
HOLLISTER, FL 32147

## ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

PRES M. EDWARD PHILLIPS VP CASEY PHILLIPS  
P.O. Box 86  
625 SR 20 WEST  
HOLLISTER, FL 32147

*McEdward Phillips*

Signature/Incorporator

1/16/2000

Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 JAN 18 PM 4:00

APPROVED  
AND  
FILED

(An additional article must be added if an effective date is requested.)

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

*McEdward Phillips*

Signature/Registered Agent

1/16/2000

Date