

Charter Number Only

PROSCRIPT 25486

Requestor's Name

Address

City

State

ZIP

Phone

SECTION ONLY

CORPORATION(S) NAME

000003166550--8
-03/13/00--01032--014
*****78.75 *****78.75

Proscript Pharmacy Services, Inc.

FILED
00 MAR 13 PM 12:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

☒ Profit
☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☐ Change of Registered Agent

☒ Certified Copy

☐ Photo Copies

☐ Certificate Under Seal

☐ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

| |
|----------------|
| Name |
| Availability |
| Document |
| Examiner |
| Updater |
| Verifier |
| Acknowledgment |
| W.P. Verifier |

CR2E031 (R8-85)



Empire Toll Free: 1-800-432-3028

RECEIVED
00 MAR 13 AM 9:45
DEPARTMENT OF STATE
DIVISION OF CORPORATE AFFAIRS
TALLAHASSEE, FLORIDA

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: Proscript Pharmacy Services, Inc.

ARTICLE II- PRINCIPAL OFFICE

The principal place of business and mailing address shall be:

Proscript Pharmacy Services
5640 Thornbluff Ave.
Davie, FL 33331

ARTICLE III- SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is five hundred (500) shares.

ARTICLE IV- INITIAL REGISTERED AGENT AND STREET ADDRESS

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

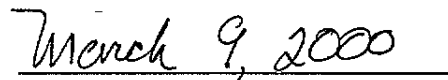
Margaret Broenniman
317 SW 22nd St.
Ft. Lauderdale, FL 33315

ARTICLE V- INCORPORATOR

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

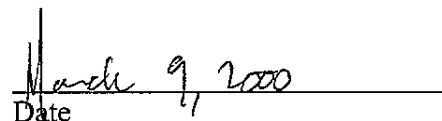
Bryan J. McQuade
5640 Thornbluff Ave.
Davie, FL 33331


Signature of Incorporator


Date

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 of Registered Agent


Date

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