

Document Number Only  
**P00000053981**

CT Corporation System  
660 East Jefferson Street  
Tallahassee, FL 32301  
Tel 850 222 1092  
Fax 850 222 7615  
Attn: Jeff Netherton

800003276318--9  
-06/05/00--01054--012  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

CORPORATION(S) NAME

ProCare Pharmacy Oveido, Inc.

<input checked="" type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
Acknowledgement \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

06/05/00

RECEIVED  
00 JUN -5 PM 12:08  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

T.SMITH JUN 05 2000

# ARTICLES OF INCORPORATION

OF

## ProCare Pharmacy Oveido, Inc.

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

FIRST: The name of the corporation is: ProCare Pharmacy Oveidio, Inc.

SECOND: The street address of the initial principal office, and, if different, the mailing address of the corporation is: One CVS Drive, Woonsocket, Rhode Island.

THIRD: The number of shares the corporation is authorized to issue is: 100 common no par value.

FOURTH: The street address of the initial registered office of the corporation is c/o C T Corporation System, 1200 South Pine Island Road, City of Plantation, Florida 33324, and the name of its initial registered agent at such address is C T Corporation System.

FIFTH: The names and addresses of the persons who are to serve as initial directors are:

Charles C. Conaway	One CVS Drive Woonsocket RI 02895
Larry J. Zigerelli	One CVS Drive Woonsocket RI 02895
Zenon P. Lankowsky	One CVS Drive Woonsocket RI 02895
Dennis C. Burton	One CVS Drive Woonsocket RI 02895

SIXTH: The name and address of each incorporator is: Lindsay Griffith  
CT Corporation System  
101 Federal Street  
Boston MA 02110

SEVENTH: Any other provision required or permitted by law is: n/a

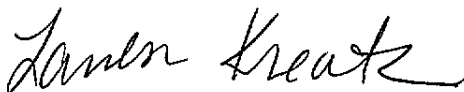
  
Signature of Incorporator

Date 06/02/00

C T Corporation System is familiar with and accepts the obligations provided for in Section 607.0505 of the Florida Statutes.

C T Corporation System

By



Date

FILED  
00 JUN -5 PM 1:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA