CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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	RA Resignation
Signature	Fictitious Owner Search Solution Vehicle Search Driving Record
Requested by: LM G/22 /0:49 Name Date Time Walk-In Will Pick Up	UCC 1 or 3 File UCC 11 Search UCC 11 Retrieval Courier JUN 22 2000
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ARTICLES OF INCORPORATION OF JUN 22 PM 1: 20

SECTETARY OF STATE TALLAHASSEE, FLORIDA

OF

PATIENT CARE PHARMACY SERVICES, INC.

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 is PATIENT CARE PHARMACY SERVICES, INC.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 3382 North Access Road, Oaks Plaza, Englewood, Florida 34224.

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one-thousand (1,000) shares having no par value.

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is David A. Dunkin, 170 West Dearborn Street, Englewood, Florida 34223-3290.

ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

ARTICLE VI: INITIAL BOARD OF DIRECTORS

The name and address of the initial Board of Directors of the corporation is Michael F. Klein, 146 Mecca Street, Port Charlotte, Florida 37954.

The undersigned has executed these Articles of Incorporation this 22nd day of June 2000.

"Capital Connection, Inc. by Lance L. McGee, Client Representative"

Lance L. Mar

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provisions of §607.0501 or §617.0501 of the Florida Statutes, the corporation identified in this Certificate, 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:

2.

PATIENT CARE PHARMACY SERVICES, INC.	17 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A
The name and address of the registered agent and office is:	N 22 PH NASSEE.
DAVID A. DUNKIN 170 West Dearborn Street Englewood, Florida 34223	1:20 SIATE 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.

DAVID A. DUNKIN