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SECRETARY OF STATE
ALLAHASSEE, FLORE

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

SUBJECT:	REMED HEALTH CORPORA	TION		
SUBJECT:	(PROPOSED CORPORA	TE NAME - MUST INC	CLUDE SUFFIX)	
		,	9000034260 -10/16/0001 *****87.50	
Enclosed is an origin	al and one(1) copy of the article	es of incorporation and	a check for:	
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL C	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
FROM:	Roscoe D. Heim			
	Name (Printed or typed)			
	PO Box 11172			
	Naples, FL 34101	ddress	-	
	City, State & Zip 941 – 566 – 3096			=
	Daytime Te	lephone number	-	

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

CAREMED HEALTH CORPORATION



ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

\*\*XXX 3501 Health Center Boulevard, Suite 1200, Bonita Springs, FL 34130 at Bonita Community Health Center, dba BROOKS PHARMACY

Mailing Address: Roscoe D. Heim, PO Box 11172, Naples, FL 34101 941 566 3096

ARTICLE III *PURPOSE* 

The purpose for which the corporation is organized is:

Pharmacy; Provider of Health Care and Pharmaceutical Care to patients and clients; Health and Wellness Center

SHARES ARTICLE IV

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Roscoe D. Heim, 179 Cypress Way East #202, Naples, FL 34110 Mailing address: XXXXXX PO Box 11172, Naples, FL 34101 President and Secretary

JohnWard, 2048 -41st Terrace SW, Naples, FL 34116 Vice President and Treasurer

ARTICLE VI REGISTERED AGENT

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

Roscoe D. Heim, 179 Cypress Way East, # 202, Naples, FL 34110 Mailing address; PO Box 11172, Naples, FL 34101 941-566-3096

INCORPORATOR ARTICLE VII

The name and address of the Incorporator is:

Roscoe D. Heim, 179 Cypress Way East, Naples FL 34110 Mailing address; PO Box 11172, NapLES, FL 34101 941-566-3096

laving been named as registered agent to accept service of pro- ertificate, I am familiar with and accept the appointment as regi	cess for the above stated corporation at the place designated in this istered agent and agree to act in this capacity
Roscoe D. Heim	October 14, 2000 October 14, 2000
Signature/Pegistered Agent	Date

Signature/Registered Agent

Roscoe D. Heim

Date

October 14, 2000

Signature/Incorporator