

Division of Corporations

**P010000091011**

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Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)205 0301

From:  
Account Name : NATIONS BUSINESS CENTER, INC.  
Account Number : I20000000238  
Phone : (305)591-9448  
Fax Number : (305)591-4258

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DIVISION OF CORPORATIONS

**FLORIDA PROFIT CORPORATION OR P.A.  
FAMILY CARE PHARMACY, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

FAX AUDIT#:(((( HO10001009520)))

ARTICLES OF INCORPORATION

TO: SECRETARY OF STATE, STATE OF FLORIDA, TALLAHASSEE,  
FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation  
under the Florida General Corporation Act, hereby adopt(s) the following  
Articles of Incorporation.

ARTICLE I NAME

The name of the Corporation shall be:

FAMILY CARE PHARMACY, INC.

The principal place of business of this corporation shall be:

11885 S.W. 7TH STREET

PEMBROKE PINES, FL 33025

ARTICLE II NATURE OF BUSINESS

This corporation may engage in pharmacy and any business permitted  
under the laws of the United State, the State of Florida, or any other  
State, Country, Territory, or Nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this  
corporation is authorized to have outstanding at any one time is: 1000.

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ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

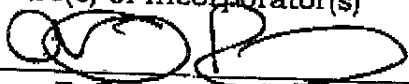
The name(s) and street address (es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are): Matthew R. Bowman whom resides at 11885 SW 7<sup>th</sup> Street, Pembroke Pines, FL 33025

ARTICLE VI INCORPORATOR (S)

The names(s) and street address (es) of the incorporator(s) to these articles of incorporation is (are): Matthew R. Bowman whom resides at 11885 S.W. 7<sup>th</sup> Street, Pembroke Pines, FL 33025

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this 19 day of SEPTEMBER, 2001.

Signature(s) of Incorporator(s)



Matthew R. Bowman/President/Incorporator/Registered Agent

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CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the Undersigned Corporation, 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: FAMILY CARE PHARMACY, INC.
2. The name and address of the registered agent and office is:

Matthew R. Bowman  
11885 S.W. 7<sup>th</sup> Street  
Pembroke Pines, FL 33025

SIGNATURE: \_\_\_\_\_

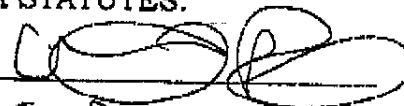


TITLE: Incorporator/President/Registered Agent

Date: 18 SEP 01

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE: \_\_\_\_\_



Date: 18 SEP 01

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