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FLORIDA PROFIT CORPORATION OR P.A.

AMERICAN FAMILY PHARMACY, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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(4)

ARTICLES OF INCORPORATION

FOR

AMERICAN FAMILY PHARMACY, INC.

The undersigned, acting as incorporate(s) of a Corporation pursuant to Chapter 607 Florida Statutes, adopt(s) the following Articles of Incorporation.

ARTICLE I- NAME

The name of the Corporation shall be:

AMERICAN FAMILY PHARMACY, INC.

ARTICLE II- PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

2121 Ponce de Leon Boulevard
Suite 630
Coral Gables, Florida 33134

ARTICLE III- CORPORATE DURATION

The duration of the Corporation is to be perpetual.

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This document prepared by:
EDUARDO CANTERA, ESQ.
2121 Ponce De Leon, Blvd., Suite 630
Miami, Florida 33134
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ARTICLE IV - PURPOSE

The Corporation may engage in any activity or business permitted under the Laws of the State of Florida

ARTICLE V - CAPITALIZATION

The aggregate number of shares which the Corporation is authorized to issue is 1,000 Shares. Such shares shall be of a single class, and shall have a par value of One Dollar (\$1.00) per share.

ARTICLE VI - DIRECTORS

The number of Directors constituting the initial Board of Directors of the Corporation shall be one (1):

Eduardo Cantera, Esq. - Incorporator

ARTICLE VII- INCORPORATORS

The name and address of each Incorporate is:

NAME**ADDRESS**

Eduardo Cantera, Esq.

2121 Ponce de Leon
Suite 630
Coral Gables, Florida 33134

ARTICLE VIII- INDEMNIFICATION

This Corporation shall indemnify and may insure it's Officers and Directors to the fullest extent permitted by Law.

The Undersigned Incorporate(s) has (have) executed these Articles of Incorporation this 11th day of October, 2001.

Signature(s) of the Incorporate(s)


Eduardo Cantera - Incorporator

H 010001063 10**CERTIFICATE OF DESIGNATION**
REGISTERED AGENT /REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the Undersigned Corporation, organized under the laws of the State of Florida, submits the followings statement in designating the registered office/ registered agent, in the State of Florida.

1. The name of the corporation is:

AMERICAN FAMILY PHARMACY, INC.


2. The name and address of the registered agent and office is:

EDUARDO CANTERA, ESQUIRE
2121 Ponce de Leon Boulevard
Suite 630
Miami, Florida 33134

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HAVING BEEN NAMED AS REGISTERED AGENT AND 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 FUTHER 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 POSITIONS AS REGISTERED AGENT.

Signature
Date


10-11-2001

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