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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

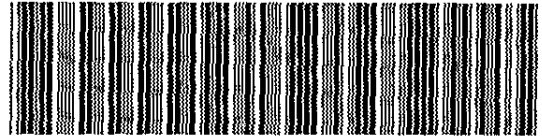
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TRANSMITTAL LETTER

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

SUBJECT: Patient Discount Drugs Corp.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Jack R Lockwood
Name (Printed or typed)

532 Grand Parke Dr
Address

Jacksonville, Florida 32259
City, State & Zip

904 287 1947
Daytime Telephone 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:

Patient Discount Drugs Corp

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

532 Grand Parke DR
Jacksonville, FL 32259

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Marketing to patients and all other purposes

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Jack R Lockwood , President
532 Grand Parke Dr
Jacksonville, FL , 32259

ARTICLE VI REGISTERED AGENT

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

Jack R Lockwood
532 Grand Parke Dr
Jacksonville, FL 32259

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jack R Lockwood
532 Grand Parke Dr
Jacksonville, FL 32259

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Jack R Lockwood
Signature/Registered Agent

12/10/2002
Date

Jack R Lockwood
Signature/Incorporator

12/10/2002
Date

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FLORIDA SECRETARY OF STATE