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(Requestor's Name)

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(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

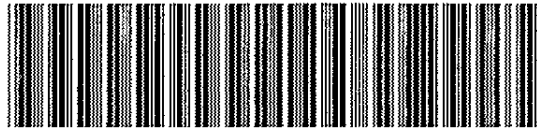
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: Med Pal, Inc.  
(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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

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

**ADDITIONAL COPY REQUIRED**

FROM: Peter M. Brigham  
Name (Printed or typed)

P.O. Box 103424  
Address

Gainesville, Florida 32610  
City, State & Zip

(352) 870-5311 -or- (352) 840-5810  
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:

Med Pal, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Med Pal, Inc.  
462 New Berlin Road  
Jacksonville, FL 32218

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The procurement and distribution of pharmaceuticals to needy citizens.

### 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):

Lynn Wyatt, President and Treasurer, 462 New Berlin Road, Jacksonville, FL 32218

Peter M. Brigham, Vice President and Secretary, P.O. Box 103424, Gainesville, FL 32610

### ARTICLE VI REGISTERED AGENT

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

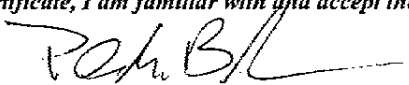
Peter M. Brigham  
19 NW Pine Ave.  
Ocala, FL 34475

### ARTICLE VII INCORPORATOR

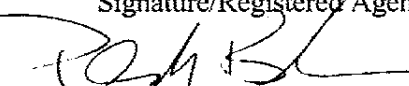
The name and address of the Incorporator is:

Peter M. Brigham  
19 NW Pine Ave.  
Ocala, FL 34475

\*\*\*\*\*  
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

  
\_\_\_\_\_  
Signature/Registered Agent

23 JAN 2003  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

23 JAN 2003  
\_\_\_\_\_  
Date

FILED  
03 JAN 27 PM 12:39  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA