

PD30000062013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies

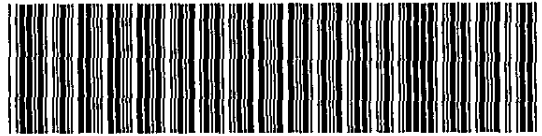


Certificates of Status



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03 JUN -4 PM 2:47

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03 JUN -4 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6-5-03

7

ACCOUNT NUMBER: FCA0000000005

REFERENCE:
(Sub Account)

9608770-1

DATE:

6/4

REQUESTOR NAME:

Lexis Document Services

ADDRESS:

TELEPHONE:

() () ext ()

CONTACT NAME:

CORPORATION NAME:

Procare Pharmacy, Inc.

DOCUMENT NUMBER:
(if applicable)

AUTHORIZATION:

Cynthia J. Woodyard

87.50

☒ CERTIFIED COPY (1-9)
☒ CERTIFICATE OF STATUS (1-9)
☐ PLAIN STAMPED COPY

() Call When Ready
() Walk In
() Mail Out

() Call if Problem
() Will Wait

() After 4
() Pick Up

ProCare Pharmacy Care, LLC

May 27, 2003

FILED
03 JUN -4 PM 12: 56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Re: Consent of Use of Name

Dear Sir or Madam:

Please be advised that PROCARE PHARMACY CARE, LLC, a Georgia limited liability company authorized to do business in the State of Florida hereby consents to the use of the name PROCARE PHARMACY CARE, INC. for purposes of filing a for-profit domestic corporation in the State of Florida.

Thank you.

PROCARE PHARMACY CARE, LLC

By: 
Roger Burgess, Its President

ATTESTED TO: ..


Barbara Burgess, Secretary

ARTICLES OF INCORPORATION

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

FILED

03 JUN -4 PM 12: 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

PROCARE PHARMACY CARE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3090 Premier Parkway, Suite 100
Duluth, Georgia 30097

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Pharmaceuticals

ARTICLE IV SHARES

The number of shares of stock is:

10,000 Common

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Roger Burgess - President
Barbara Burgess - Secretary/Treasurer

ARTICLE VI REGISTERED AGENT

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

LexisNexis Document Solutions, Inc.
3953 WW Kelley Road
Tallahassee, Florida 32311

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LexisNexis Document Solutions, Inc.
3953 WW Kelley Road
Tallahassee, Florida 32311

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

C. Woodyard
Signature/Registered Agent

6/4/03
Date

C. Woodyard
Signature/Incorporator

6/4/03
Date