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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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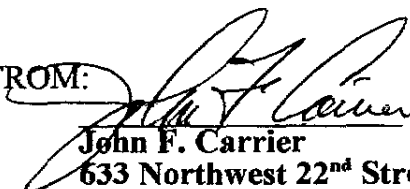
06-27-03
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Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: **PHARMACY CONSULTANT and PROFESSIONALS, INC.**

Enclosed please find an original and Two copies of the articles of incorporation for the above corporation and check in the amount of \$78.75. Please return a certified copy for my records. Thank you.

FROM:


John F. Carrier
633 Northwest 22nd Street
Wilton Manors, Florida 33311

ARTICLES OF INCORPORATION

OF

Pharmacy Consultant and Professionals, Inc.

The undersigned incorporators for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt the following Articles of Incorporation.

I.

NAME

The name of the corporation shall be:

Pharmacy Consultant and Professionals, Inc.

II.

PRINCIPAL OFFICE:

The Principal place of business and mailing address of this corporation shall be:

633 Northwest 22nd Street
Wilton Manors, Florida 33311

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TALLAHASSEE, FLORIDA

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III.

CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is

One Hundred (100) shares of
par value stock at
One Dollar (\$1.00)
par value.

IV.

INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

John F. Carrier
633 Northwest 22nd Street
Wilton Manors, Florida 33311

V.

INCORPORATORS

The names and addresses of the incorporators to these Articles
of Incorporation are:

**John F. Carrier
633 Northwest 22nd Street
Wilton Manors, Florida 33311**

The undersigned have executed these Articles of Incorporation
this 11th day of June, 2003.

A handwritten signature in black ink, appearing to read "John F. Carrier", is written over a horizontal line.

President

**John F. Carrier
633 Northwest 22nd Street
Wilton Manors, Florida 33311**

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, 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.

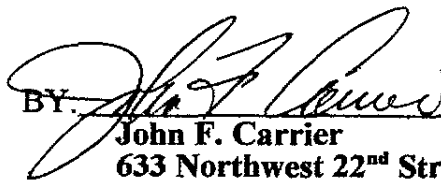
1. The name of the corporation is:

PHARMACY CONSULTANT and PROFESSIONALS, INC.

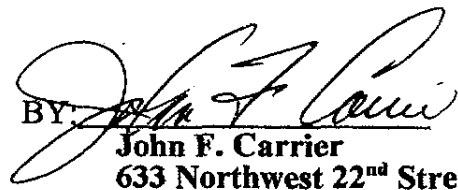
2. The name and address of the registered agent and office is:

John F. Carrier
633 Northwest 22nd Street
Wilton Manors, Florida 33311

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BY: 
John F. Carrier
633 Northwest 22nd Street
Wilton Manors, Florida 33311

HAVING BEEN NAMED AS REGISTERED AGENT AND TO 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 FURTHER 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 POSITION AND REGISTERED AGENT.

BY: 
John F. Carrier
633 Northwest 22nd Street
Wilton Manors, Florida 33311

DATE: 6/11/03