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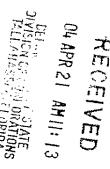
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SECRETARY OF STATE ALLAHASSEE, FLORIDA



LAZARUS CORPORATE FILING SERVICE  3320 S.W. 87 AVENUE  MIAMI, FLORIDA (305)552-5973   CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):  1. CORPORATION NAME(S) & THARMACY, TACL (Corporation Name) (Document #)  2. (Corporation Name) (Document #)  4. (Corporation Name) (Document #)  Walk in Pick up time 20 (Corporation Name) (Document #)  Walk in Pick up time 20 (Corporation Name) (Document #)  Mail out Will wait Photocopy Certificate of Status  NEW FILINGS
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Examiner's Initials

CR2E031(9/92)

# ARTICLES OF INCORPORATION

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

TALLAHASSEE, FIGURE

# ARTICLE 1 - NAME

The name of the corporation shall be:

CORAL PARK PHARMACY, INC.

### ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

10692 ConAC WAY

MIAMON, FIA 33165

ARTICLE III - SHARES

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

100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Emilio MARUTIA
13217 SW 85 ST. RQ.
MIAMI FLA
33183

### ARTICLE V - INCORPORATOR

The name and street a	iddress of th	e incornorato:	to these A	irticles of
In action mentions in-	1 2		- ~	

incorporation is:

HRIS Kodniquet 7720 MinniView Drz. Month Bay Village, HA 33131

The undersigned incorporator has executed these Articles of Incorporation this 12 day of 2004

ARTICLE VI- DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OF FICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature