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Division of Corporations

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Account Name : YOUR CAPITAL CONNECTION, INC.

Account Number : 120000000257 Phone

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FLORIDA PROFIT CORPORATION OR P.A.

WEST COAST PHARMACY, INC.

Certificate of Status	0
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ARTICLES OF INCORPORATION OF WEST COAST PHARMACY, INC.

04 JUN 11 PK 5: 03

I, the undersigned subscriber to these Articles of Incorporation, being a natural person competent to contract, hereby subscribe to and form a corporation for profit under the laws of the State of Florida.

ARTICLE I

The name of the corporation is WEST COAST PHARMACY, INC.

ARTICLE II

The principal place of business and mailing address of this corporation shall be 19133 Harbor Bridge Lane, Lutz, Florida 33558. The Directors may from time to time designate such other address and place for the principal office of the corporation, as they deem appropriate.

ARTICLE III

The corporation may engage in any activity or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV

The maximum number of shares of the stock that this corporation is authorized to have outstanding at any one time is one thousand (1,000) shares of common capital stock, each share having a par value of one dollar (\$1.00). Authorized common capital stock may be paid for by eash, services, or property at a just value to be fixed by the stockbrokers of the corporation at any regular or special meeting thereof.

ARTICLE V

This corporation shall have a perpetual existence.

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ARTICLE VI

The amount of capital with which the corporation shall commence business shall be not less than five hundred dollars (\$500,00).

ARTICLE VII

The directors of this corporation shall be not less than one (1). This number may be increased or diminished from time to time pursuant to the bylaws adopted by the stockholders of the corporation, but shall never be less than one. The Initial Directors shall be as follows:

RUPAL PATEL 19133 Harbor Bridge lane Lutz, Florida 33558

ARTICLE VIII

The name and street address of the subscriber of these Articles of Incorporation is as follows:

RUPAL PATEL 19133 Harbor Bridge lane Lutz, Florida 33558

ARTICLE IX

These Articles of Incorporation may be amended in any manner provided by Florida Law. Every amendment hereto shall be proposed by the stockholders and approved at a stockholders meeting by a majority of stock entitled to vote thereon unless all stockholders sign a written agreement manifesting their intention to effect a certain amendment of these Articles of Incorporation.

ARTICLE X

Rupal Patel, 19133 Harbor Bridge Lane, Lutz, Florida 33558 is hereby designated REGISTERED AGENT upon whom process may be served.

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IN WITNESS WHEREOF, I hereunto set my hand and seal, and acknowledge and file the foregoing Articles of Incorporation of WEST COAST PHARMACY, INC., under the laws of the State of Florida, this 8th day of May 2004.

RUPAL PAFEL

STATE OF FLORIDA)

SS
COUNTY OF HILLSBOROUGH)

BEFORE ME, personally appeared, RUPAL PATEL. Initial Subscriber, to me known to be the individual described in and who executed the foregoing Articles of Incorporation, and acknowledged that he executed the same for the purpose expressed therein.

SWORN TO AND SUBSCRIBED before me this _______ day of May 2004.

NILESH M. PATEL
MY COMMISSION & DB 190885
EXPINES: Murch 6, 2007
Poster The Budget Halany Services

NOTARY PUBLIC STATE OF FLORIDA

My commission expires:

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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 FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED AGENT/REGISTERED OFFICE, IN THE STATE OF FLORIDA.

The name of the corporation is:

WEST COAST PHARMACY, INC.

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

RUPAL PATEL 19133 Harbor Bridge Lane Lutz, Florida 33558 04 JUN 11 PH 5: 03

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 as registered agent.

Signatural

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