

P04000121146

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax andit number (shown below) on the top and bottom of all pages of the document.

(((H04000171206 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)205-0381

From:

Account Name : KILLGORE, PEARLMAN, STAMP, ORNSTEIN & SQUIRES
Account Number : FL9980000007
Phone : (407)425-1020
Fax Number : (407)839-3635

04 AUG 20 AM 8:23

RECEIVED
DIVISION OF CORPORATIONS
AUG 20 2004

FLORIDA PROFIT CORPORATION OR P.A.

PHARMACY OF CENTRAL FLORIDA, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing

Public Access Help

Fax Audit Number H04000171206 3

**ARTICLES OF INCORPORATION
OF
PHARMACY OF CENTRAL FLORIDA, INC.**

ARTICLE I - NAME

The name of this corporation is PHARMACY OF CENTRAL FLORIDA, INC. and its principal place of business and mailing address is 595 Montgomery Road, Altamonte Springs, FL 32714.

ARTICLE II - DURATION

This corporation shall have perpetual existence, commencing on the filing of these Articles.

ARTICLE III - PURPOSE

This corporation is organized for the purpose of transacting any and all lawful business.

ARTICLE IV - CAPITAL STOCK

This corporation is authorized to issue 10,000 shares of voting common stock having a par value of \$.10 per share.

Fax Audit Number H04000171206 3**ARTICLE V - INITIAL REGISTERED****OFFICE AND AGENT**

The street address of the initial registered office of this corporation is 2 S. Orange Avenue, 5th Floor, Orlando, FL 32801 and the name of the initial registered agent of this corporation at that address is CRAIG S. PEARLMAN.

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) director initially. The number of directors may be either increased or diminished from time to time in accordance with the By-Laws, but shall never be less than one (1). The name and address of the initial director of this corporation is:

ROBERT WILSON
595 Montgomery Road
Altamonte Springs, FL 32714

ARTICLE VII - INCORPORATOR

The name and address of the incorporator is:

CRAIG S. PEARLMAN
2 S. Orange Avenue, 5th Floor
Orlando, FL 32802

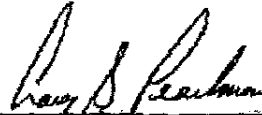
H04000171206 3

Fax Audit Number

ARTICLE VIII - INDEMNIFICATION

This corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation this 20th day of August, 2004.



CRAIG S. PEARLMAN, Incorporator

ACCEPTANCE BY REGISTERED AGENT

The undersigned, being the person appointed in the foregoing Articles of Incorporation as the registered agent for PHARMACY OF CENTRAL FLORIDA, INC. hereby accepts such appointment this 20th day of August, 2004, and states that he is familiar with, and accepts, the obligations provided for in Section 607.0505, Florida Statutes.



CRAIG S. PEARLMAN

04 AUG 20 01 8:23