

PO4000148557

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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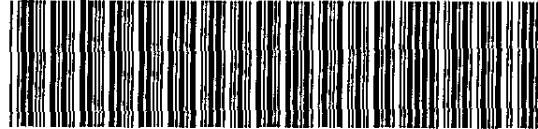
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04 OCT 28 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/28/04

10/28/04

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: _____

MEDIAPHAM - EX, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: _____

ROBERT L. CAROICK

Name (Printed or typed)

4607 NO. CLARK AVE.

Address

TAMPA FLORIDA 33614

City, State & Zip

813 - 876 - 0881

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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

FILED

04 OCT 28 PM 4:03

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

MEDI PHARM - RX, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4607 NO. CLARK AVE.
TAMPA FLORIDA 33614

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROVIDE PHARMACEUTICAL SERVICES
UTILIZING A COMMUNITY BASED PHARMACY.

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

MR. MICHAEL BOX TED, OWNER
MR. BRIAN GREEN, CHAIRMAN

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

ROBERT L. CADDICK
4607 NO. CLARK AVE.
TAMPA FLORIDA 33614

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ROBERT L. CADDICK
4607 NO. CLARK AVE.
TAMPA FL. 33614

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

Robert L. Caddick

Signature/Registered Agent

9-24-04

Date

Robert L. Caddick

Signature/Incorporator

9-24-04

Date