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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*

## COVER LETTER

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

**SUBJECT:** Dr. Casey R Hyre, PharmD, PA

(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:** Casey R Hyre, PharmD

Name (Printed or typed)

2256 Nova Village Drive

Address

Davie, FL 33317

City, State & Zip

786-346-5658

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)

### **ARTICLE I NAME**

The name of the corporation shall be:

Dr. Casey R Hyre, PharmD, PA

### **ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

2256 Nova Village Drive  
Davie, FL 33317

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Provide Patients and other health care professionals with consulting in the area of pharmacy practice. To provide Patients with the education necessary for the compliance and proper administration of pharmacotherapy.

### **ARTICLE IV SHARES**

The number of shares of stock is:

100

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Colleen M Samow, CFO  
4341 SW Bimini Circle North  
Palm City, FL 34990

### **ARTICLE VI REGISTERED AGENT**

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

Casey R Hyre, PharmD  
2256 Nova Village Drive  
Davie, FL 33317

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Casey R Hyre, PharmD  
2256 Nova Village Drive  
Davie, FL 33317

\*\*\*\*\*

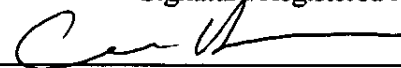
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Signature/Registered Agent

11/10/2008

Date



Signature/Incorporator

11/10/2008

Date

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TALLAHASSEE, FLORIDA