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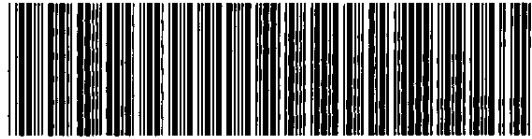
Glenn Foster GAVE

AUTHORIZATION BY PHONE TO  
CORRECT Article IV

DATE PS 7/2/10

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 JUL - 1 PM 1:59

APPROVED  
AND  
FILED

## COVER LETTER

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

**SUBJECT:** PHYSICIANS PHARMACY 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** GLENN C FOSTER

Name (Printed or typed)

2020 NE 48 CT

Address

FT LAUDERDALE FL 33308

City, State & Zip

954-564-0062

Daytime Telephone number

glenncfosterceo@aol.com

E-mail address: (to be used for future annual report notification)

**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:

PHYSICIANS PHARMACY INC

## **ARTICLE II PRINCIPAL OFFICE**

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

2001 NE 48 CT  
FT LAUDERDALE  
FLORIDA 33308

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

PROFESSIONAL CORPORATION

## **ARTICLE IV SHARES**

The number of shares of stock is:

1

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

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

Glenn C Foster 2020 NE 48 CT FT CEO

LAUD FL 33308

Brian McClintock President

## **ARTICLE VI REGISTERED AGENT**

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

Brian McClintock  
2020 NE 48 Ct  
Fort Lauderdale FL 33308

## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Glenn C Foster  
2020 NE 48 Ct  
Fort Lauderdale FL 33308

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*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

  
\_\_\_\_\_  
Signature/Incorporator

6-24-2010  
Date

6-24-2010  
Date

10 JUL - 1 PM 1:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED