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Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
MEMORIAL PRIMARY CARE PHARMACY, INC**

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)**ARTICLE I NAME:** The name of the corporation is:Memorial Primary Care Pharmacy, Inc**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

4894 NW 7th Miami FL 33126**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Odalis Lucia Llopiz Huerta (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

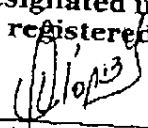
ODALIS LUCIA LLOPIZ HUERTA
4894 NW 7th
Miami FL 33126**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Odalis Lucia Llopiz Huerta
4894 NW 7th
Miami FL 33126

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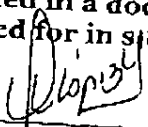
Required Signatures:

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



Registered Agent_____
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in § 817.155, F.S.



Incorporator_____
Date

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