P95000062630

___ of ___

CAPITAL CONNECTION, INC.
417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
TOLL FREE No. 1-800-342-8062
FAX (904) 222-1222

RE: Pharmaceutical Consultants, LLC.

NAME ______
FIRM ______
ADDRESS ______

PHONE ( ) ______

Service: Top Priority ______ One Day Service Regular ______ Two Day Service

To us via ______ Return via ______

Matter No.: ______ Express Mail No. ______

State Fee $ ______ Our $ ______

		C.C. FEE.	DISBURSED
✓	Capital Express™		
✓	Art. of Inc. File		
	Corp. Record Search		
	Ltd. Partnership File		
✓	Foreign Corp. File		
✓	( ) Cert. Copy(s)		
	Art. of Amend. File		
	Dissolution/Withdrawal		
	C U S-		
	Fictitious Name File		
	Name Reservation		
	Annual Report/Reinstatement		
	Reg. Agent Service		
	Document Filing		
	Corporate Kit		
	Vehicle Search		
	Driving Record		
	Document Retrieval		
	UCC 1 or 3 File		
	UCC 11 Search		
	UCC 11 Retrieval		
	___ File No.'s, ___ Copies		
	Courier Service		
	Shipping/Handling		
	Phone ( )		
	Top Priority		
	Express Mail Prep.		
	FAX ( ) pgs.		
SUBTOTALS			

-1995-15917

DMC 8/14/95

SL 8/8/95

FEE	$
DISBURSED	$
SURCHARGE	$
TAX on corporate supplies	$
SUBTOTAL	$
PREPAID	$
BALANCE DUE	$
	$

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE			
TIME			CK No.
BY	DLC		

WALK-IN
Will Pick Up 8/8 2:00

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% per month on Past Due Amounts
Past 30 Days, 18% per Annum.

THANK YOU
from
Your Capital Connection

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
Mailing Address: Post Office Box 10149, Tallahassee, FL 32302
TOLL FREE No. 1-800-342-8062
FAX (904) 222-1222

NAME _____
FIRM _____
ADDRESS _____
_____
_____
PHONE ( ) _____

Service: Top Priority ___ ___ Regular ___ ___
One Day Service Two Day Service

To us via _____ Return via _____

Mailer No.: _____ Express Mail No. _____

State Fee $ _____ Our $ _____

Re: This corp. was rejected, the attorney kept rejected letter.

Letter # W50000015917

REQUEST TAKEN CONFIRMED APPROVED

DATE _____ _____ _____

TIME _____ _____ CK No. _____

BY ALC _____ _____

WALK-IN Will Pick Up 8/14 2:00

_____ of _____

RE: Pharmaceutical Care Providers of Florida, Inc.

	C.C. FEE.	DISBURSE
___ Capital Express℠		
___ Art. of Inc. File		
___ Corp. Record Search		
___ Ltd. Partnership File		
___ Foreign Corp. File		
___ ( ) Cert. Copy(s)		
___ Art. of Amend. File		
___ Dissolution/Withdrawal		
___ C.U.B.		
___ Fictitious Name File		
___ Name Reservation		
___ Annual Report/Reinstatement		
___ Reg. Agent Service		
___ Document Filing		
___ Corporate Kit		
___ Vehicle Search		
___ Driving Record		
___ Document Retrieval		
___ UCC 1 or 3 File		
___ UCC 11 Search		
___ UCC 11 Retrieval		
___ ___ File No.'s, ___ Copies		
___ Courier Service ___		
___ Shipping/Handling		
___ Phone ( )		
___ Top Priority ___		
___ Express Mail Prep. ___		
___ FAX ( ) pgs.		
SUBTOTALS _____		

FEE	$
DISBURSED	$
SURCHARGE	$
TAX on corporate supplies	$
SUBTOTAL	$
PREPAID	$
BALANCE DUE	$
_____	$

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% per month on Past Due Amounts
Past 30 Days, 18% per Annum

THANK YOU
from
Your Capital Connect

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

August 8, 1995

CAPITAL CONNECTION
P.O. BOX 10349
TALLAHASSEE, FL 32302

SUBJECT: PHARMACEUTICAL CONULTANTS OF FLORIDA, INC.
Ref. Number: W95000015917

We have received your document for PHARMACEUTICAL CONULTANTS OF FLORIDA, INC. and your check(s) totaling $122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved entity. Names of administratively dissolved entities are not available for one year from the date of administrative dissolution unless the dissolved entity provides the Department of State with a notarized affidavit executed as required by section 607.0120, 617.01201, 608.5135 or 608.4482 Florida Statutes, permitting the immediate assumption or use of the name by another entity.

Simply adding "of Florida" or "Florida" to the end of a name does not constitute a difference.

When the document is resubmitted, please return a copy of this letter to ensure proper handling.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6928.

Agnes Lunt
Corporate Specialist

Letter Number: 995A00037112

FILED

95 AUG 14 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

PHARMACEUTICAL CARE PROVIDERS OF FLORIDA, INC.

The undersigned hereby subscribes to these Articles of Incorporation and executes same for the purpose of becoming a corporation for profit under the laws of the State of Florida.

ARTICLE I - NAME

The name of this corporation shall be: PHARMACEUTICAL CARE PROVIDERS OF FLORIDA, INC.. The principal place of business shall be Suite 107, 500 N. Washington Avenue, Titusville, Florida 32796.

ARTICLE II - DURATION

This corporation shall have perpetual existence commencing on the filing of these Articles with the Secretary of State of the State of Florida.

ARTICLE III - PURPOSE

This corporation is organized to engage in any activity or business permitted under the laws of the United States and of this State.

ARTICLE IV - 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 by the by-laws, but shall never be less than one (1). The name and address of the initial director of this corporation is:

LEONARD N. CAMP, III

Suite 107
500 N. Washington Avenue
Titusville, FL 32796

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the corporation is: 307 Palmetto Street, Titusville, Florida 32796; and the name of the initial registered agent of this corporation at that address is: RICHARD H. MILLER.

ARTICLE VI - INCORPORATORS

The name and address of the initial incorporator is as follows:

Richard H. Miller — 307 Palmetto Street, Titusville, FL 32796

ARTICLE VII - DURATION

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

ARTICLE VIII - STOCKS

This corporation is authorized to issue 1,600 shares of common stock of par value of $1.00 per share.

ARTICLE IX - BY-LAWS

The power to adopt, alter, amend or repeal the by-laws shall be vested in the board of directors and the shareholders.

ARTICLE X - AMENDMENT

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation, this 11th day of August, 1995.

RICHARD H. MILLER

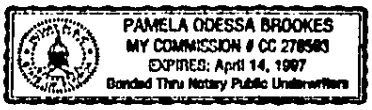
STATE OF FLORIDA
COUNTY OF BREVARD

BEFORE ME, a Notary Public, authorized to take acknowledgments in the State and County set forth above, personally appeared RICHARD H. MILLER, who is personally known to me and who did not take an oath; known to me and by me to be the person who executed the foregoing Articles of Incorporation and they acknowledged before me that they executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal this 11TH day of August, 1995.

Pamela Odessa Brookes
Notary Public, State of
Florida at Large

PAMELA ODESSA BROOKES
(Typed Notary Name)
My Commission Expires:



FILED

95 AUG 14 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCEPTANCE OF REGISTERED AGENT

The undersigned hereby accepts appointment as registered agent for PHARMACEUTICAL CARE PROVIDERS OF FLORIDA, INC..

RICHARD H. MILLER
307 Palmetto Street
Titusville, FL 32796
(407) 267-6763

Sworn to and subscribed to before me, this 10TH day of August, 1995 by Affiant who is personally known to me and who did not take an oath.

Pamela Odessa Brookes
Notary Public, State of FL

PAMELA ODESSA BROOKES
(Typed Notary Name)
My Commission Expires:

PAMELA ODESSA BROOKES
MY COMMISSION # CC 276983
EXPIRES: April 14, 1997
Bonded Thru Notary Public Underwriters

[CORPORATIONS/pharmaci.art]