P96000010556

TRANSMITTAL LETTER

(Proposed corporate name - must include suffix)

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

SUBJECT: D & W Pharmacy, Inc.

7:00000017051477 -02/02/96--01041--003 -++++78.75 ++++78.75

\$70.00 Filing Fee	X \$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy Additional Copy F	\$131.25 Filing Fee, Certified Copy & Certificate Required	SECia TALLA	95 FE	
FROM:	L. Stancil Raley			E I A	2- B	
	Name (printed or typed)			in.		1
	4025 Wilson Avenue			FLO	P11 12:	
	Address			RIDA	60	
	Sebring, Florida 33872					
	City, State & Zip					
	941-385-6563					
	Daytim	e Telephone number				

Ju jale

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

The undersigned incorporator, for the purpose of forming a corporation under the Florida Busiliess Corporation Act, hereby adopts the fullowing Articles of Incorporation:

The name of the corporation shall be: D & W PHARMACY, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 4343 Sun 'N Lake Boulevard, Sebring, Florida 33872.

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 shares (one hundred shares).

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: L. Stancil Raley, 4025 Wilson Avenue, Sebring, Florida 33872.

ARTICLE V INCORPORATION

The name and street address of the incorporator to these Articles of Incorporation is: L. Stancil Raley, 4025 Wilson Avenue, Sebring, Florida 33872.

The undersigned incorporator has executed these Articles of Incorporation this 1st day of February, 1996.

(signature)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE (FFLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the	e corporation is:	D & W Pharmacy, Inc.		
2. The name and	address of the regis	tered agent and office is:		
	L. Stancil F	Raley (Name)	TALLA	95 F25
	4025 Wilson (P.O. Box	Avenue x or Mail Drop Box NOT ACCEPTABLE)	ASSIT.	
	Sebring, Flo	orida 33872 (CHY/STATE/ZIP)	FLORIDA	

Having been named as registered agent and to accept service of process for the above tated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all situtes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(SIGNATURE) (DATE)