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PREScription
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DIVISION OF CORPORATION

ACCOUNT NO. 0721000000032

REFERENCE : 841484 815570

AUTHORIZATION :

Patricia Pyjota

COST LIMIT : \$ 70.00

ORDER DATE : February 9, 1996

ORDER TIME : 10:59 AM

ORDER NO. : 841484

CUSTOMER NO: 815570

000001711840

CUSTOMER: Mark F. Mooney, Esq.
MARK F. MOONEY, ESQ

Bay Lake Center, Suite 201
13907 North Dale Mabry Hwy
Tampa, FL 33618

DOMESTIC FILING

NAME: MANAGED CARE PRESCRIPTION
SERVICES, INC.

EFFECTIVE DATE:

☒ ARTICLES OF INCORPORATION
☐ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: GRETCHEN ECKARD

EXAMINER'S INITIALS:

FILED
96 FEB 12 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L BROWN FEB 21 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthum
Secretary of State

Resubmit
2/20/96

February 12, 1996

File date needed

CSC NETWORKS
1201 HAYS STREET
TALLAHASSEE, FL 32301

SUBJECT: MANAGED CARE PRESCRIPTION SERVICES, INC.
Ref. Number: W96000003118

We have received your document for MANAGED CARE PRESCRIPTION SERVICES, INC. and the authorization to debit your account in the amount of \$70.00. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

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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) 437-6932.

Teresa Brown
Corporate Specialist

Letter Number: 096A00006030

RECEIVED
96 FEB 21 AM 8:28
DIVISION OF CORPORATIONS

**ARTICLES OF INCORPORATION
OF
MANAGED CARE PHARMACEUTICALS, INC.**

FILED
96 FEB 12 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, for the purpose of forming a Corporation under the Florida Business Corporations Act, does hereby adopt the following Articles of Incorporation.

Article I - Name

The name of this Corporation is **MANAGED CARE PHARMACEUTICALS, INC.** The principal place of business of this Corporation shall be 9028 Quail Creek Dr., Tampa, Florida, 33647, or such other place as may be designated by the Board of Directors.

Article II - Capital Stock

The Corporation shall have the authority to issue 1,000 shares of common stock, no par value.

Article III - Initial Registered Office and Agent

The street address of the initial registered office of this Corporation is 9028 Quail Creek Dr., Tampa, Florida, 33647. The initial registered agent of this Corporation is Thomas L. McGraw.

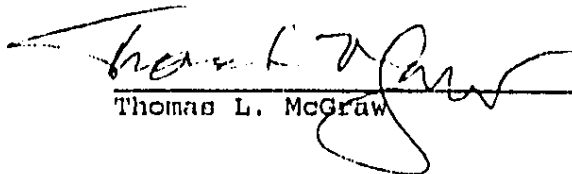
Article IV - Incorporator

The name and address of the person signing these Articles as the incorporator is:

Thomas L. McGraw
9028 Quail Creek Dr.
Tampa, Florida 33647

IN WITNESS WHEREOF, the undersigned Incorporator has

executed these Articles of Incorporation, this 29th day of January, 1996.


Thomas L. McGraw

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

The foregoing Articles of Incorporation were acknowledged before me this 29th day of January, 1996 by Thomas L. McGraw, who is personally known to me or who has produced a Florida Drivers License as identification and did not take an oath.


(Signature of Notary)

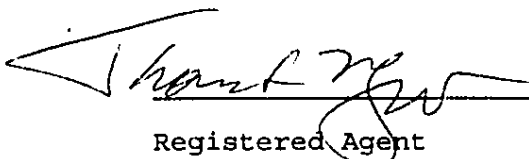
Mark F. Mosney
(Printed Name of Notary)
NOTARY PUBLIC
State of Florida At Large

My Commission Expires:



MARK F. MOSNEY
MY COMMISSION EXPIRES
July 24, 1998
BONDED THROUGH FAIR INSURANCE, INC.

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THESE ARTICLES OF INCORPORATION, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.0505 FLORIDA STATUTES.

 1-29-96
Date
Registered Agent