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STATE OF FLORIDA
TALLAHASSEE, FL 32301
TEL: 904-222-1000
FAX: 904-222-1000



96 APR 18 10:41
TALLAHASSEE, FL 32301

ACCOUNT NO. : 072100000032
REFERENCE : 922899 7106858
AUTHORIZATION :
COST LIMIT : * PPD

ORDER DATE : April 18, 1996
ORDER TIME : 9:25 AM
ORDER NO. : 922899
CUSTOMER NO: 7106858

CUSTOMER: Ms. Faye A. Haverlock
MS. FAYE A. HAVERLOCK
3003 Sw 28th Street
Okeechobee, FL 34974

200001785752
-04/18/96--01074--024
*****70.00 *****70.00

DOMESTIC FILING

NAME: OKEECHOBEE FAMILY DRUGS, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Andrea C. Mabry
EXAMINER'S INITIALS: _____

DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA
REGISTERED PROFESSIONAL
APR 19 1996 14

AM
4-19-96

FILED
96 APR 18 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

OKEECHOBEE FAMILY DRUGS, INC.

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

OKEECHOBEE FAMILY DRUGS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

P. O. Box 778
Okeechobee, Florida 34973

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JOSEPH P. GAGLIARDI
2215 SW 22ND CIRCLE
OKEECHOBEE, FLORIDA 34974

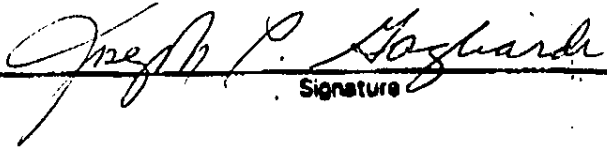
ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

JOSEPH P. TAGLIARDI
2215 S. W. 22ND CIRCLE
OKEECHOBEE, FLORIDA 34974

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

18th day of April, 1996



Signature

Signature

Signature

**Articles of Incorporation
Filing Fee - \$35**

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: OKEECHOBEE FAMILY DRUGS, INC.

2. The name and address of the registered agent and office is:

JOSEPH P. GAGLIARDI

(Name)

2215 SW 22ND CIRCLE

(P.O. Box not acceptable)

OKEECHOBEE, FLORIDA 34974

(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated 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 statutes 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.

Joseph P. Gagliardi
(Signature)