

P97000031977

TRANSMITTAL LETTER

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

500002135665--9  
-04/08/97--01008--010  
\*\*\*\*122.50 \*\*\*\*122.50

**SUBJECT:** SERVICE PHARMACEUTICAL INC.  
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00  
Filing Fee

\$78.75  
Filing Fee  
& Certificate

\$122.50  
Filing Fee  
& Certified Copy

\$131.25  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

**FROM:** CATHERINE M. AUSTIN  
Name (Printed or typed)

25 DRENNEN ROAD SUITE-3  
Address

ORLANDO, FLA. 32806  
City, State & Zip

(407) 240-6363  
Daytime Telephone number

APR 9 1:55B

FILED  
91 APR -7 AM 9:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

## ARTICLES OF INCORPORATION

*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:

SERVICE PHARMACEUTICAL INC.

### ARTICLE II PRINCIPAL OFFICE

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

25 DRENNEN ROAD  
SUITE-3  
ORLANDO, FLA. 32806

### ARTICLE III SHARES

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

1,000 SHARES COMMON @\$1.00 PER SHARE

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CATHERINE M. AUSTIN  
25 DRENNEN ROAD  
SUITE-3  
ORLANDO, FLA. 32806

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**ARTICLE V INCORPORATOR(S)**

**See instructions for officers/directors**

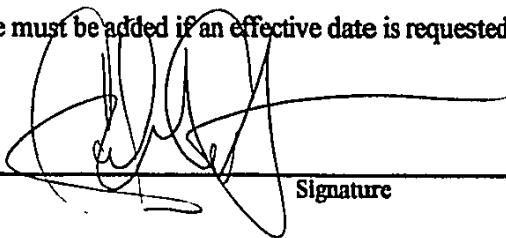
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

CATHERINE M. AUSTIN  
25 DRENNEN ROAD  
SUITE-3  
ORLANDO, FLA. 32806  
(PRESIDENT)

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

10th day of MARCH, 19 97.

(An additional article must be added if an effective date is requested.)

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Notarization is not required**

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

**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 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 SERVICE PHARMACEUTICAL INC.

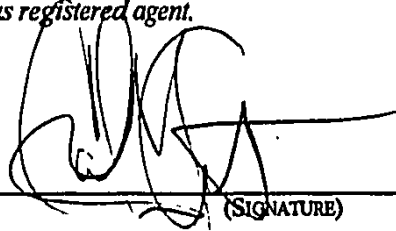
2. The name and address of the registered agent and office is:

CATHERINE M. AUSTIN  
(NAME)

25 DRENNEN ROAD SUITE-3  
(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

ORLANDO, FLA. 32806  
(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.*

  
\_\_\_\_\_  
(SIGNATURE)

MARCH 10, 1997  
(DATE)

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TALLAHASSEE, FLORIDA