97 OCT 20 PN 4 34

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

*****78.75 *****78.75

SUBJECT: V.I.P. MEDI-SCRIPT.

(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:

George T. MacConnell, Esquire

316 Hamilton Shore Drive

Winter Haven, FL 33881

(941) 293-7238

P. Hall OCT 2 0 1991

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

FILED

ARTICLES OF INCORPORATION

97 OCT 20 PH 4: 34

The undersigned incorporation(s) for the purpose of forming a comparation windlest ATE the Florida Business Corporation Act, hereby adopt(s) the following Articles. 6t. ORIDA Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

V.I.P. MEDI-SCRIPT, INC.

ARTICLE II PRINCIPAL OFFICE

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

3854 Gaines Drive Winter Haven, FL 33884

ARTICLE III SHARES

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent is.

George T. MacConnell, Esquire 316 Hamilton Shore Drive Winter Haven, FL 33881

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):

Silvia Vega 3854 Gaines Drive Winter Haven, FL 33884 Lisa M. Petrecca 405 Sixth Street Dundee, FL 33838

The undersigned incorporator(s) has (have) executed the incorporation this 150 day of 50 follows, 19	nese Articles of
Julia Ula	
Signature)	
// signature	
Signature	
	N. C.
Signature	

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

FILED

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICER 97 0CT 20 PM 4: 34

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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: V.I.P. MEDI-SCRIPT, INC.
- 2. The name and address of the registered agent and office is:

GEORGE T. MACCONNELL, ESQUIRE

316 HAMILTON SHORE DRIVE

WINTER HAVEN, FL 33881

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)

(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314