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TRANSMITTAL LETTER  
FILED

97 NOV - 6 AM 11: 32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

800002340628--5  
-11/06/97--01096--009  
\*\*\*\*122.50 \*\*\*\*122.50

**SUBJECT:** SAM'S DRUGS & MEDICAL, 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:** SAMUEL EMILE WAHBA  
Name (Printed or typed)

6623 THOROUGHBRED LOOP  
Address

ODESSA, FL 33556  
City, State & Zip

(813) 926-0310  
Daytime Telephone number

P. Hall. NOV - 7 1997

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

## ARTICLES OF INCORPORATION

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The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### ARTICLE I NAME

The name of the corporation shall be:

SAM'S DRUGS & MEDICAL, INC.

### ARTICLE II PRINCIPAL OFFICE

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

3325 TAMPA RD.

PALM HARBOR, FL 34684

### ARTICLE III SHARES

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

400 SHARES NO PAR VALUE.

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

SAMUEL EMILE WAHBA  
6623 THOROUGHbred LOOP  
ODESSA, FL 33556

### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

SAMUEL EMILE WAHBA  
6623 THOROUGHbred LOOP  
ODESSA, FL 33556

  
\_\_\_\_\_  
Signature/Incorporator

\_\_\_\_\_  
11/2/97  
Date

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

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/Registered Agent

\_\_\_\_\_  
11/2/97  
Date