

P98000026863

TRANSMITTAL LETTER

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

800002463558-5
-03/20/98-01075-013
****122.50 ****122.50

SUBJECT: MEDS PRN, INC.
(Proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for
\$ 122.50.

FROM:

MEDS PRN, INC.

Name (printed or typed)

5665 Westview Drive

Address

Orlando, Fl 32810

City, State, & Zip

(407) 299-7721

Telephone Number

FILED
98 MAR 20 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P. Hall

MAR 23 1998

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

FILED

98 MAR 20 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF

MEDS PRN, 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: MEDS PRN, INC.

ARTICLE II PRINCIPAL OFFICE

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

5665 Westview Drive
Orlando, FL 32810

ARTICLE III SHARES

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

1000 Shares @ 1.00

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

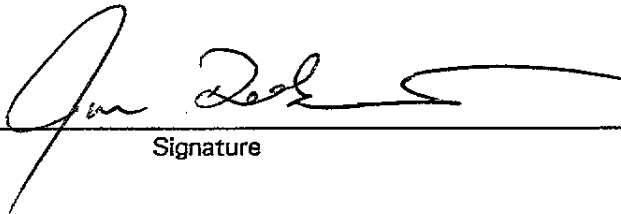
James R. DeGroot
5665 Westview Drive
Orlando, FL 32810

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are): James R. DeGroot
5665 Westview Drive
Orlando, Fl 32810

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

19th day of March, 19 98.



Signature

Signature

Signature

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

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 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: MEDS PRN, INC.

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

JAMES R. DeGROOT

(Name)

5665 Westview Drive

(P.O. Box NOT acceptable)

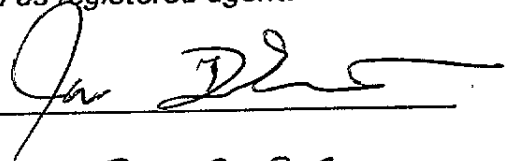
Orlando, Fl 32810

(City/State/Zip)

FILED
98 MAR 20 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

3-19-98

REGISTERED AGENT FILING FEE: \$35.00

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