

P99000005196

ROBERT BOYD  
Requestor's Name

106 E. College Ave. Suite 900  
Address

TALL/FL/32301 681-7381  
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

99 JAN 19 PM 1:54

FILED

☒ Walk in

☐ Mail out

☒ Pick up time

☐ Will wait

12:00 PM  
☒ Photocopy

☐ Certified Copy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

400002745634--8  
-01/19/99--01022--018  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Call  
when  
Ready

RECEIVED  
99 JAN 19 AM 10:09  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**

**OF**

**FLORIDA ASSOCIATION OF MEDICAL AND PHARMACEUTICAL SUPPLIERS,**  
**INC.**

99 JAN 19 PM 1:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

The undersigned subscribers/incorporators to these Articles of Incorporation, each a natural person competent to contract, hereby associate themselves together to form a corporation under the laws of the State of Florida.

**ARTICLE I. NAME**

The name of this Corporation is Florida Association of Medical and Pharmaceutical Suppliers, Inc.

**ARTICLE II. NATURE OF BUSINESS**

The general nature of the business to be transacted is association management, all other business related thereto, and the transaction of any or all lawful business for which corporations may be incorporated under Chapter 607, Florida Statutes (1997).

**ARTICLE III. CAPITAL STOCK**

The maximum number of shares of stock that this Corporation is authorized to have outstanding at any one time is One Thousand (1,000) shares of common stock having a nominal or par value of One Dollar (\$1.00) per share. Shares of common stock of this corporation shall be issued initially to the following persons in the amounts set opposite their names:

<u>Name</u>	<u>Shares</u>
Robert J. Boyd	100
Donald G. Ray	100

The stockholders may, by by-law provision or by stockholder's agreement, impose such restrictions on the sale, transfer, or encumbrance of the stock of this Corporation as they may see fit.

#### ARTICLE IV. TERM OF EXISTENCE

This Corporation shall exist perpetually.

#### ARTICLE V. ADDRESS

The initial street address of the principal office of this Corporation in the State of Florida is 3660 Letitia Lane, Tallahassee, Florida 32312, and the stockholders may from time to time move the principal office to any other address in Florida.

#### ARTICLE VI. BOARD OF DIRECTORS

The Corporation shall have no directors. All corporate powers shall be exercised by or under the authority of, and the business and affairs of this Corporation shall be managed under the direction of, the stockholders of this Corporation.

#### ARTICLE VII. BY-LAWS

The subscribers to these Articles of Incorporation, as the incorporators of the Corporation, shall adopt the initial by-laws of the Corporation. The by-laws shall thereafter be altered, amended or repealed only by direction of the stockholders.

#### ARTICLE VIII. INCORPORATION

The name and address of the person signing these Articles of Incorporation is:

ROBERT J. BOYD  
3660 Letitia Lane  
Tallahassee, Florida 32312

#### ARTICLE IX. INITIAL REGISTERED OFFICE AND AGENT

The initial registered agent of this Corporation is Laura Boyd Pearce, whose address is Macfarlane Ferguson & McMullen, P.A., 106 East College Avenue, Suite 900, Tallahassee, Florida 32301.

#### ARTICLE X. OFFICERS

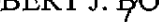
The name and office held by the initial officers of this Corporation are:

ROBERT J. BOYD, President/Secretary  
3660 Letitia Lane  
Tallahassee, Florida 32312

DONALD G. RAY, Vice-President/Treasurer  
7684 Preservation Road  
Tallahassee, Florida 32312

#### ARTICLE XI. AMENDMENT

This Corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment to them, and any right conferred upon the stockholders is subject to this reservation.

  
ROBERT J. BOYD  
Incorporator/President

The foregoing instrument was acknowledged before me this 19<sup>th</sup> day of January, 1999, by ROBERT J. BOYD, who is personally known to me or who has produced \_\_\_\_\_, as identification and who did (did not) take an oath.

Dherin M. Wilbait  
NOTARY PUBLIC

Name Sherri G. Wilhoit

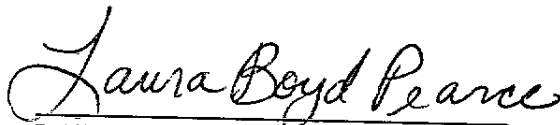
My Commission Expires **Sherri G. Wilhoit**  
MY COMMISSION # **CG663827** EXPIRES  
**July 15, 2001**  
**BONDED THRU TROY FAIN INSURANCE, INC**

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE  
FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING  
AGENT UPON WHOM PROCESS MAY BE SERVED.**

**IN COMPLIANCE WITH SECTION 48.091, F.S., THE FOLLOWING IS SUBMITTED:**

First, that FLORIDA ASSOCIATION OF MEDICAL AND PHARMACEUTICAL SUPPLIERS, INC., desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at the City of Tallahassee, State of Florida, has named as its agent to accept service of process within Florida, LAURA BOYD PEARCE, ESQ., located at Macfarlane Ferguson & McMullen, P.A., 106 East College Avenue, Suite 900, Tallahassee, Florida 32301.

Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all Statutes relative to the proper and complete performance of my duties.

  
LAURA BOYD PEARCE  
Resident Agent

Date

1/19/99

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

99 JAN 19 PM 1:54

FILED