

P99000018184

TRANSMITTAL LETTER

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

February 22, 1999

SUBJECT: Tampa Doctor's Rx Us, Inc.

900002784729--3

-02/23/99--01066--004

*****70.00 *****70.00

Dear Sir or Madam:

Please find enclosed for filing, an original and one (1) copy of the articles of incorporation and a check for \$70.00 filing fee. Thank you for your assistance in filing the enclosed.

FROM: Jaime B. Wallace
1010 E. Busch Blvd., Suite 102
Tampa, Florida 33612
(813) 931-9707

99 FEB 23 PM 1:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA
FILED

NOTE: The original and one copy of articles enclosed under cover of this letter.

25 1999
[Handwritten signature]

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Tampa Doctor's Rx Us, Inc.

ARTICLE II PRINCIPAL OFFICE

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

1010 E. Busch Blvd., Suite 102, Tampa, FL. 33612

ARTICLE III SHARES

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

One Thousand (1,000) Shares of No-Par Value.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

JAIME B. WALLACE, 1010 E. Busch Blvd., Suite 102, Tampa, FL. 33612

ARTICLE V INCORPORATOR

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

P/VP/D: Jaime B. Wallace, 1010 E. Busch Blvd., Suite 102, Tampa, FL. 33612

Jaime B. Wallace
Signature/Incorporator

02-18-99
Date

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.

Cheri G. York
Signature/Registered Agent
Cheri G. York

02-18-99
Date

FILED
99 FEB 23 PM 1:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA