

TRANSMITTAL LETTER

P99000023183

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

900283473279

SUBJECT:

MED-CARE Pharmacy INC.

(Proposed corporate name - must include suffix)

400002798054--5-
-03/08/99-01127--002
*****78.75 *****78.75

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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

AMGAD GIRGIS

Name (Printed or typed)

2980 Kennedy Blvd.

Address

Jersey City, New Jersey 07306

City, State & Zip

(201) 963-3617

Daytime Telephone number

3/12/99
MM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 MAR -8 PM 2:23

FILED

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

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:

MED-CARE PHARMACY INC.

ARTICLE II PRINCIPAL OFFICE

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

6601 LYONS Road
Suite F-6
Coconut Creek, FL 33073

ARTICLE III SHARES

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

100 at no par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Amgad Girgis
6601 LYONS Road Suite F-6
Coconut Creek, FL 33073

ARTICLE V INCORPORATOR

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

Amgad Girgis President
NERmeen Girgis Secretary
10885 Bal Harbor Dr. Boca Raton, FL 33498

Amgad Girgis RD.
Signature/Incorporator

3/2/99
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

Amgad Girgis RD.
Signature/Registered Agent

3/2/99
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA