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CONSULTANT PHARMACISTS, INC. 8862 SW 9th STREET BOCA RATON, FL 33433-6216 (561) 483-7363 FILED
99 AUG 27 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 24 1999

State of Florida Divisions of Corporations PO Box 6327 Tallahassee, Fl 32314 100002972001--7 -08/27/39-01041-012 ****122.50 *****78.75

Enclosed please find Articles of Incorporation for CONSULTANT PHARMACISTS, INC. along with a check in the amount of \$122.50 for filing fees and for a copy to be returned to us.

If you require any further information, please contact me.

Thank you,

Anthony J. Ciccone

President

CORRECT ALL BROWN

DOC EXAM & DULY Brown

ARTICLES OF INCORPORATION

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AUG 27

AM 8: 30

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business_{IDA}

Comparison Act benefit adopt the following Articles of Incorporation

Corporation Act, hereby adopt the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

CONSULTANT PHARMACISTS, INC.

ARTICLE II PRINCIPAL OFFICE

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

8862 S. W. 9th Street Boca Raton, FL 33433-6216

ARTICLE III SHARES

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

ONE THOUSAND (1000) SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Anthony J. Ciccone 8862 SW 9th Street Boca Raton, FL 33433-6216

ARTICLE V INCORPORATORS

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

Anthony J. Ciccone 8862 SW 9th Street Boca Raton, FL 33433-6216

The undersigned incorporator has executed these Articles of Incorporation this <u>24th</u> day of <u>August</u>, 19<u>99</u>.

Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

CE SECRETARY AM 8:37
7.0501, FLORIDAFLOOLE

PURSUANT TO THE PROVISIONS OF SECTION 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:

CONSULTANT PHARMACISTS, INC.

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

Anthony J. Ciccone 8862 SW 9th Street Boca Raton, FL 33433-6216

Having been name 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)