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LAZARUS CORPORATE FILING SERVICE, INC.

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LOCAL REPRESENTATIVE TALLAHASSEE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 SEP 24 PM 2:04

FILED

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

1. PROCARE PHARMACY PLUS, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

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☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

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09/24/99-01055-019

*****78.75 *****78.75

NEW FILINGS	
<input checked="" 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

Examiner's Initials

ARTICLES OF INCORPORATION

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.

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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ARTICLE I- NAME

The name of the corporation shall be:

PROCARE PHARMACY PLUS, INC.

ARTICLE II- PRINCIPAL OFFICE

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

7859 N.W. 15th Street
Miami, Florida 33126

ARTICLE III- SHARES

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

100 Shares having and individual par value of \$5.00

ARTICLE IV- INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

SUSAN MENENDEZ

15601 S.W. 90th Avenue

Miami, Florida 33157

ARTICLE V- INCORPORATOR(S)

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

TONY NOVOA-

12820 S.W. 188th Street
Miami, Florida 33157

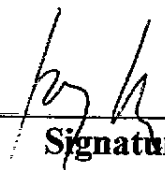
ARTICLE VI- DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

TONY NOVOA-

President, Vice President, & Secretary
100%-Percent of Shares
12820 S.W. 188th Street
Miami, Florida 33157

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 29th day of September 1999.



Signature

Article of Incorporation
Filing Fee- \$35

CERTIFICATE OF REGISTERED AGENT
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: PROCARE PHARMACY PLUS, INC.
2. The name and address of the registered agent and office is:

SUSAN MENENDEZ
(NAME)

15601 S.W. 90th Avenue
(P.O. BOX NOT ACCEPTABLE)

MIAMI, FLORIDA 33157
(CITY/STATE/ZIP)

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

Susan Menendez

DATE

9/23/99

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SECRETARY OF STATE
TALLAHASSEE FLORIDA