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TRANSMITTAL LETTER

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SEGRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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ECT: CHO	(Proposed	corporate name - must inclu	ide suffix)
sed is an original and \$70.00 Filing Fee	one(1) copy of the article 1 one(1) \$78.75 Filing Fee & Certificate	S122.50 Filing Fee & Certified Copy	The check for: \$7.50 \$131.25 Filing Fee, Certified Copy & Certificate COPY REQUIRED
FROM:	JOSEPH SCHWA	RTZ e (Printed or typed)	
	554 NW 108th		· · · · · · · · · · · · · · · · · · ·
	CORAL SPRING	SS, FLORIDA 3307 Lity, State & Zip	71
	(954) 344-79	002 ne Telephone number	· · · · · · · · · · · · · · · · · · ·

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:

CHOICERX, INC.

ARTICLE II PRINCIPAL OFFICE

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

1475 BANKS ROAD MARGATE, FLORIDA 33063 Mailing Address: CHOICERX, INC. c/o JOSEPH SCHWARTZ 554 NW 108th AVENUE

ARTICLE III

ARTICLE III SHARES

CORAL SPRINGS, FLORIDA 33071

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

200 SHARES OF COMMON STOCK

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

ADALBERTO LOPEZ 10871 NW 4th DRIVE CORAL SPRINGS, FLORIDA 33071

ARTICLE V INCORPORATOR

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

JOSEPH SCHWARTZ 554 NW 108th AVE CORAL SPRINGS, FLORIDA 33071

Signature/Incorporato

NOVEMBER 10, 1999

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

Signature/Registered Agent

NOVEMBER 10