

TRANSMITTAL LETTER
PO1000007493

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

SUBJECT: First Coast Phlebotomy Services, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

600003553296--3
-01/18/01--01028--005
*****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: Douglas Mark Hill
Name (Printed or typed)

800 Lomax Street Suite #108
Address

Jacksonville, FL 32204
City, State & Zip

904-610-8218

Daytime Telephone number

01 JAN 18 AM 8:02

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

1/22/01

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

First Coast Phlebectomy Services, Inc.

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01 JAN 18 AM 8:02

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

800 Lomax Street Suite #108
Jacksonville, FL 32204

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Public Service

ARTICLE IV SHARES

The number of shares of stock is:

200

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Douglas M. Hill
800 Lomax Street Suite #108
Jacksonville, FL 32204

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:


Douglas M. Hill
800 Lomax Street Suite #108
Jacksonville, FL 32204

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Douglas M. Hill
800 Lomax Street Suite #108
Jacksonville, FL 32204

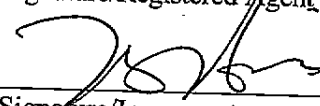
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

1-11-00

Date



Signature/Incorporator

1-11-00

Date