

SEGRETARY OF STATE TALLAHASSEE, FLORIDA

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-02/20/01--01062--022 \*\*\*\*\*78.75 \*\*\*\*\*78.75

ACCOUNT	NO.	:	072100000032
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REFERENCE: 025246 7217369

**AUTHORIZATION:** 

COST LIMIT : \$ PPD

ORDER DATE: February 20, 2001

ORDER TIME : 11:39 AM

OMPANY

CUSTOMER:

ORDER NO. : 025246-005

CUSTOMER NO: 7217369

Ms. Melody H. Adair Adair Business Services Inc.

1339 Beville Road

Daytona Beach, FL 32119

## DOMESTIC FILING

NAME:

INDEPENDENT PHLEBOTOMIST

SERVICES INC.

## EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson - EXT. 1155

EXAMINER'S INITIALS:

PH 2/20/0/

FILED

	ARTI	CLES	OF	INCOR	PORATION
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In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

01 FEB 20 PH 2: 28

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

INDEPENDENT PHLEBOTOMIST SERVICES INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1339 BEVILLE ROAD DAYTONA BEACH FL 32119

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

1000 Shares

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

JOHN ASHLEY FUSSELL 39 FOREST VIEW WAY ORMOND BCH FL 32174

ARTICLE VI REGISTERED AGENT

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

Melody H Adair 1339 Beville Rd Daytona Beach FL 32119

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JOHN ASHLEY FUSSELL 39 FOREST VIEW WAY ORMOND BCH 32174

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

Signature/Incorporator

Date

2/17/

Date