

ACCOUNT NO.: 072100000032

REFERENCE: 054868 7217369

AUTHORIZATION:

COST LIMIT : \$ PREPAID'

ORDER DATE: February 27, 2001

ORDER TIME: 11:28 AM

OMPANY

ORDER NO. : 054868-005

CUSTOMER NO: 7217369

CUSTOMER: Ms. Melody H. Adair

Adair Business Services Inc.

1339 Beville Road

Daytona Beach, FL 32119

DOMESTIC FILING

NAME:

INTEGRATED PHLEBOTOMY 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: Jeanine Reynolds - EXT. 1133
EXAMINER'S INITIALS:

2001 FEB 27 PM 2: 21
SECKETARY OF STATE
TALLAHASSEE FLORIDA

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



ARTICLES OF INCORPORATION

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

2001 FEB 27 PM 2: 21

SECRETARY OF STATE TALLAHASSEE FLORIDA

<u>ARTICLE</u> I NAME

The name of the corporation shall be:

INTEGRATED PHLEBOTOMY SERVICES INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

(MAILING)

563 TENTH ST #10 HOLLY HILL FL 32117

1339 BEVILLE ROAD DAYTONA BCH FL 32119

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

KELLY FILASKY 563 TENTH ST #10 HOLLY HILL FL 32117

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:

KELLY FILASKY 563 TENTH ST #10 HOLLY HILL FL 32117

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.

esistered Agent

Signature/Incorporator

 $\frac{2D0/01}{2Date}$