

TRANSMITTAL LETTER

P01000030916

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

SUBJECT: Phoenix Pro Med, Inc  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

000003892840--4  
-03/22/01--01068--008  
\*\*\*\*\*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: LAWRENCE Schindler  
Name (Printed or typed)

2171 DEER Hollow Circle  
Address

Longwood FL 32779  
City, State & Zip

407-493-1626  
Daytime Telephone number

FILED  
01 MAR 22 AM 9:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

g/3/07

**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:

Phoenix Pro Med, Inc


ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2171 DEER HOLLOW CIRCLE  
Longwood, FL 32779

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Establish & Operate Infusion Pharmacy ~~management~~ <sup>management</sup> 

ARTICLE IV SHARES

The number of shares of stock is:

10,000,000 Shares Common Stock Authorized, \$.001 Par Value

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

LAWRENCE SCHINDLER, CEO, Director  
2171 DEER HOLLOW CIRCLE  
Longwood, FL 32779

ARTICLE VI REGISTERED AGENT

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

LAWRENCE SCHINDLER  
2171 DEER HOLLOW CIRCLE  
Longwood, FL 32779

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

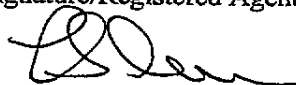
LAWRENCE SCHINDLER  
2171 DEER HOLLOW CIRCLE  
Longwood FL 32779

\*\*\*\*\*  
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

3-19-01

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

3-19-01

\_\_\_\_\_  
Date

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