# 0000091

ACCOUNT NO. : 072100000032

REFERENCE : 191216 80913A

AUTHORIZATION:

COST LIMIT : \$ PPD

ORDER DATE: June 19, 2001

ORDER TIME : 11:35 AM

ORDER NO. : 191216-005

CUSTOMER NO:

80913A

CUSTOMER: Ms. Kathy Prevatt

Salter Feiber Yenser & Murphy

703 Northeast 1st Street

Gainesville, FL 32601

DOMESTIC FILING

NAME:

INFUSION MANAGEMENT SERVICES,

INC.

EFFECTIVE DATE:

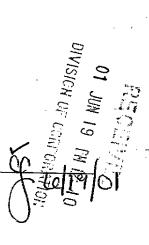
XX ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Norma Hull - EXT. 1115

EXAMINER'S INITIALS:



FILED

2001 JUN 19 PM 1:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA

#### **ARTICLES OF INCORPORATION**

OF

#### INFUSION MANAGEMENT SERVICES, INC.

THE UNDERSIGNED incorporator does hereby agree to incorporate a corporation for profit under the laws of the State of Florida, of the United States of America, by and under the provisions and statutes of that State, providing for the formation, liability, rights, privileges, benefits and obligations conferred and imposed by said law on corporations organized pursuant to the provisions thereof, and hereby makes, subscribes and acknowledges and files these Articles of Incorporation as follows:

## ARTICLE I NAME OF CORPORATION

1.01 NAME. -- The name of this corporation shall be INFUSION MANAGEMENT SERVICES, INC.

#### ARTICLE II GENERAL NATURE OF BUSINESS

**2.01 POWERS.** — This corporation may engage in any activity or business permitted under F.S. 607 of the laws of the State of Florida.

#### ARTICLE III STOCK

**3.01 NUMBER.** – The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is one class of Common Stock totaling 1,000 shares and having a par value of \$1.00 per share.

### ARTICLE IV ADDRESS OF CORPORATION AND REGISTERED AGENT

- **4.01 PRINCIPAL OFFICE.** The street address of the principal office of the proposed corporation in the State of Florida is 3601 SW 2<sup>nd</sup> Avenue, Gainesville, FL 32607. The mailing address of the corporation is 3601 SW 2<sup>nd</sup> Avenue, Gainesville, FL 32607.
- **4.02 RELOCATION.** The Board of Directors may from time to time move the principal office to any other address in Florida.
- **4.03 REGISTERED AGENT.** The initial registered agent of the corporation is KATHY GARRIOTT and her business office address is 3601 SW 2<sup>nd</sup> Avenue, Gainesville, FL 32607.

## ARTICLE V NAME AND ADDRESS OF INCORPORATOR

**5.01 DESIGNATION.** -- The name and street address of the incorporator of the Articles of Incorporation is as follows:

NAME

**ADDRESS** 

KATHY GARRIOTT

3601 SW 2<sup>nd</sup> Avenue Gainesville, FL 32607

**THE UNDERSIGNED**, being the Incorporator to the Capital Stock hereintofore named, for the purpose of forming a corporation to do business both within and without the State of Florida, does make, subscribe, acknowledge and file these Articles, hereby declaring and certifying that the facts herein stated are true.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this

day of June, 2001.

KATHY GARRIOTT

STATE OF FLORIDA COUNTY OF ALACHUA

The foregoing instrument was acknowledged before me this day of June, 2001, by KATHY GARRIOTT, the Incorporator, who executed the foregoing Articles of Incorporation, and she acknowledged before me that she executed the same for the purposes therein expressed.

(SEAL)

Notary Public, State of Florida My Commission Expires:

Serial Number:

#### CERTIFICATE OF REGISTERED AGENT

| I HEREBY accept designation of registered agent for <b>KATHY GARRIOTT</b> , and hereby agree to fulfill the obligations thereof.  |
|---|
| IN WITNESS WHEREOF, I have hereto set my hand and seal this day of June, 2001.  |
| Karen Samuel KATHY GARRIOTT   |
| STATE OF FLORIDA<br>COUNTY OF ALACHUA   |
| The foregoing instrument was acknowledged before me this day of June, 2001, by KATHY GARRIOTT, Registered Agent, who executed the foregoing Certificate of Registered Agent, and she acknowledged before me that she executed the same for the purposes therein expressed. Such person(s): is/are personally known to me, produced a current Florida Driver's license as identification, or produced as identification.    Commission Expires:   Commission |
| SECRETARY OF STATE AND SEE FLORIDA  F:\Salter3\INFUSION MANAGEMENT SERVICES\Profit Articles.wpd   |