

CORP DIRECT AGENTS, INC. (formerly CCRS)  
103 N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301  
222-1173

FILED IN CORP SHEET  
ACCT. # 14

PO2000036304

CONTACT: CINDY HICKS

DATE: 4/3/02

REF. #: 0174. 5870

CORP. NAME: Southwest Florida Phlebotomy, Inc

400005189474- 5

-04/03/02--01045--018

\*\*\*\*\*78.75 \*\*\*\*\*78.75

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT                        | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION                | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT                        | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION          | <input type="checkbox"/> UCC-1                  | <input type="checkbox"/> UCC-3                   |
| <input type="checkbox"/> OTHER:                               |   |  |

RECEIVED

02 APR 03 AM 11:30

FILED IN CORP SHEET  
ACCT. # 14

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

2002 APR -3 PM 3:15

FILED

STATE FEES PREPAID WITH CHECK# 1012 FOR \$ 78.75

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$

PLEASE RETURN:

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

4/3/02

**FILED**

2002 APR -3 PM 3:15

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLES OF INCORPORATION**  
**OF**  
**SOUTHWEST FLORIDA PHLEBOTOMY, INC.**

The undersigned incorporator, for the purpose of forming a Corporation for profit under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation:

ARTICLE I - NAME

The name of this Corporation is:

SOUTHWEST FLORIDA PHLEBOTOMY, INC.

ARTICLE II - TERM OF EXISTENCE

The Corporation is to exist perpetually.

ARTICLE III - PURPOSES

The purposes of the Corporation are to engage in any activity or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The shares of stock of this Corporation shall consist of only one class. The number of shares of stock that this Corporation is authorized to have outstanding at any one time is:

1,000 Shares of Common Stock

par value of \$1.00 per share

#### ARTICLE V - PRINCIPAL OFFICE

The address of the principal place of business of this Corporation shall be:

6344 Osprey Lake Circle  
Riverview, Florida 33569

and, the mailing address of this Corporation shall be:

6344 Osprey Lake Circle  
Riverview, Florida 33569

#### ARTICLE VI - INITIAL REGISTERED AGENT AND ADDRESS

The registered agent and street address of the registered office of this Corporation is:

Pamela Otakan                      6344 Osprey Lake Circle  
Riverview, Florida 33569

#### ARTICLE VII - DIRECTORS

This Corporation shall have two (2) Directors initially. The number of Directors may be changed from time to time by Bylaws adopted by the Shareholders. The name and address of each member of the first Board of Directors is:

Edgar Otakan                      6344 Osprey Lake Circle  
Riverview, Florida 33569

Pamela Otakan                      6344 Osprey Lake Circle  
Riverview, Florida 33569

#### ARTICLE VIII - AMENDMENT

These Articles of Incorporation may be amended in certain instances by the Board of Directors as provided by statute and in certain instances by resolutions adopted by the Board of

Directors, proposed by them to the Shareholders and approved at a Shareholders Meeting by a majority of the stock entitled to vote thereon.


ARTICLE IX - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

Pamela Otakan

6344 Osprey Lake Circle  
Riverview, Florida 33569

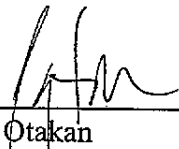
The undersigned has executed these Articles this 1<sup>ST</sup> day of April, 2002.

  
\_\_\_\_\_  
Pamela Otakan

"INCORPORATOR"

Having been named as Registered Agent and to accept service of process for SOUTHWEST FLORIDA PHLEBOTOMY, INC. at the place designated in the Articles, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

4/1/02  
Date

  
\_\_\_\_\_  
Pamela Otakan

"REGISTERED AGENT"