

# Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

#### **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H02000073321 0)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 205-0381

From:

Account Name : INCORPORATETIME.COM, INC.

Account Number : I19990000221 : (631)224-9004 Fax Number : (631)224-7979

## FLORIDA PROFIT CORPORATION OR P.A.

#### HemCare Clinic Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

# H020000733210

### ARTICLES OF INCORPORATION

THE UNDERSIGNED INCORPORATION FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEREBY ADOPTS THE FOLLOWING ARTICLES OF INCORPORATION.

#### ARTICLE | -NAME

THE NAME OF THE CORPORATION SHALL BE:

HemCare Clinic Inc.

## ARTICLE II -PRINCIPAL OFFICE

The principal place of business & mailing address of this corporation shall be

706 Candice Lane Winter Springs FL 32708

## ARTICLE III -SHARES

The number of shares of stock that this corporation is authorized to have at any one time is:

2,000 shares at \$.01 par value

# ARTICLE IV -INITIAL OFFICERS/DIRECTORS:

President/Director: Dr. Daniel Thomas

706 Candice Ln, Winter Springs FL 32708

# ARTICLE V -INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address of the initial registered agent are:

Dr. Daniel Thomas 706 Candice Lane Winter Springs FL 32708 SECKETARY OF STATE
DIVISION OF CORPORATIONS

OP APR -1, PH 2: 59

HU200000733210

# NO2000073321D

#### ARTICLE VIINCORPORATOR:

The name and address of the Incorporator to these Articles of Incorporation are:

Kerry Walsh 35 Carleton Avenue Islip Terrace, NY 11752

Kerry Walsh, Incorporator

Date

Having been named registered agent and to accept service of process for the above stated corporation as the place designated in this certificate 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.

Dr. Daniel Thomas, Registered Agent

Dete

SECRETARY OF STATE OF DIVISION OF CORPORATIONS

OF APR -1 PM 2: 59