

PO200096223

TRANSMITTAL LETTER

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02 SEP -3 AM 9:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

SUBJECT: (SPS) SCHEDULING OF PHLEBOTOMIST SERVICES, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

300007206383--4
-08/19/02--01086--004
*****87.50 *****87.50

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

ADDITIONAL COPY REQUIRED

FROM: MALCOLM S. LAVAUD
Name (Printed or typed)

MALCOLM S. LAVAUD
1446 MAJESTIC OAK DR
APOPKA FL 32712

no answer ^{8/20} City, State & Zip

(407) 889-4100

Daytime Telephone number

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

W02 2418
D. WHITE SEP - 6 2002 4



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

August 20, 2002

MALCOLM S. LAVAUD
1655 E SEMORAN BLVD STE #13
APOPKA, FL 32703

SUBJECT: SCHEDULING OF PHLEBOTOMIST SERVICES, INC.
Ref. Number: W02000024118

We have received your document for SCHEDULING OF PHLEBOTOMIST SERVICES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Corporations may file using only the corporate name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing the enclosed application and submitting the appropriate fees to this office.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6933.

Dale White
Document Specialist
New Filings Section

Letter Number: 802A00048929

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ARTICLES OF INCORPORATION
OF
SCHEDULING OF PHLEBOTOMIST SERVICES, INC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ONE: The name and address of this principal corporation is Scheduling of Phlebotomist Services, Inc., 1655 East Semoran, Blvd, Suite 13, Apopka, FL 32703

TWO: The purpose of this corporation is to engage in any activity or business permitted under the laws of the State of Florida and the United States.

THREE: The maximum number of shares that this corporation is authorized to have any one time is 1000 shares of common stock. Each having the par value of \$1.00 (one dollar) per share. The consideration to be paid for each share shall be fixed by the Board of Directors from time to time.

FOUR: The address of the REGISTERED office is, 1655 East Semoran, Blvd, Suite 13, Apopka FL 32703, Orange County and the name of the registered agent of the corporation shall be:

X
Malcolm S. Lavaud
1446 Majestic Oak Drive
Apopka, FL 32712

FIVE: The Directors have been elected. The name and address of the persons appointed to act as the initial Directors of this corporation are:

NAME

ADDRESS

Malcolm S. Lavaud
President

1446 Majestic Oak Drive
Apopka, FL 32712

Serge Lavaud
Treasurer

1446 Majestic Oak Drive
Apopka, FL 32712

SIX: These Articles of Incorporation shall be effective upon approval by the Secretary of State of the State of the State of Florida. This Corporation is to have perpetual existence unless sooner dissolved according to law.


SEVEN: These Articles of Incorporation may be amended in the manner provided by law. Every Amendment shall be approved by the Board of Directors, proposed by them to the Shareholders, and approved at a shareholder's meeting by a majority of the stock entitled to vote thereon, unless all of the Directors and all of the Shareholders sign a written Statement manifesting their intention that a certain Amendment to these Articles of Incorporation be made.

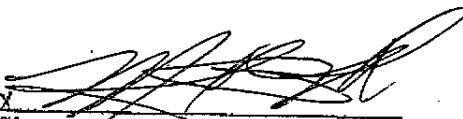
NINE: Executed on June 28, 2001. The name and address of the incorporator of this corporation shall be:

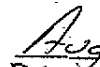
Malcolm S. Lavaud
1655 East Semoran, Blvd, Suite 13,
Apopka, FL 32712

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.

y 
Signature/Registered Agent


Date August 13, 2002

y 
Signature/Incorporator


Date August 13, 2002

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TALLAHASSEE FLORIDA

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