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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

01/13/06--01054--026 \*\*87.50

## COVER LETTER

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

SUBJECT: Infusion Solutions, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Joseph M. Perez  
Name (Printed or typed)

9050 PINES BLVD. #345  
Address

Pembroke Pines, FL 33024  
City, State & Zip

(954) 499-9011  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 19, 2006

JOSEPH M. PEREZ  
9050 PINES BLVD #345  
PEMBROKE PINES, FL 33024

SUBJECT: INFUSION SOLUTIONS, INC.  
Ref. Number: W06000002437

We have received your document for INFUSION SOLUTIONS, 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

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 Filing Section

Letter Number: 606A00003670

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

06 MAR -6 PM 4: 05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

New Century Infusion Solutions, INC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

9050 PINES BLVD. SUITE 345  
PEMBROKE PINES, FL 33024

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To provide pharmaceutical management and consulting services.

**ARTICLE IV SHARES**

The number of shares of stock is:

1,000,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

Joseph M. Perez - Pres

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Joseph M. Perez  
9050 PINES BLVD.; SUITE 345  
PEMBROKE PINES, FL 33024

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Joseph M. Perez  
9050 PINES BLVD.; SUITE 345  
PEMBROKE PINES, FL 33024

\*\*\*\*\*  
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

Signature/Incorporator

12/30/05

Date

12/30/05

Date