

PD 7000039966

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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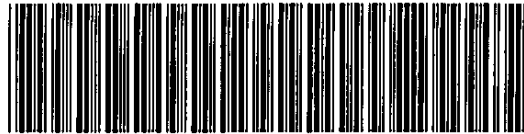
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
3/30

COVER LETTER

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

SUBJECT: PREFERRED ONCOLOGY 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: JOHN RAINES
Name (Printed or typed)

9516 NW 46th ST
Address

SUNRISE FLORIDA 33351
City, State & Zip

954-572-1756
Daytime Telephone number

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: *PREFERRED ONCOLOGY SOLUTIONS INC.*

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: *9516 NW 46th ST.
SUNRISE, FLORIDA 33351*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*MEDICAL BILLING AND GROUP PURCHASING
ORGANIZATION*

ARTICLE IV SHARES

The number of shares of stock is: *100*

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

*JOHN RAINES 9516 NW 46th ST SUNRISE, FLORIDA 33351 PRESIDENT
PATRICIA COX 10764 RICHMOND PLACE COOPER CITY, FLORIDA 33026 VICE-PRESIDENT
(BONITA) BONNIE RAINES 9516 NW 46th ST SUNRISE, FLORIDA 33351 SECRETARY
ERIC COX 10764 RICHMOND PLACE COOPER CITY, FLORIDA 33026 TREASURER*

ARTICLE VI REGISTERED AGENT

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

JOHN RAINES 9516 NW 46th ST SUNRISE, FLORIDA 33351

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JOHN RAINES 9516 NW 46th ST SUNRISE, FLORIDA 33351

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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

John Raine

Signature/Registered Agent

John Raine

Signature/Incorporator

3/23/07

Date

3/23/07

Date