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## COVER LETTER

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

**SUBJECT:** Infusion Nursing Services, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Infusion Nursing Services, Inc.

Name (Printed or typed)

27532 Cashford Circle, Suite 101

Address

Wesley Chapel, FL 33543

City, State & Zip

813-333-8200

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:

INFUSION NURSING SERVICES, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

27532 CASHFORD CIRCLE, SUITE 101  
WESLEY CHAPEL, FL 33543

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

## ARTICLE IV SHARES

The number of shares of stock is:

500

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

TITLE: P  
JORGE E. ROMAN  
7652 GRASMERE DRIVE  
LAND O' LAKES, FL 34637

TITLE: VP  
HAZEL B. DORSEY  
7652 GRASMERE DRIVE  
LAND O' LAKES, FL 34637

## ARTICLE VI REGISTERED AGENT

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

JORGE E. ROMAN  
7652 GRASMERE DRIVE  
LAND O' LAKES, FL 34637

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


JORGE E. ROMAN  
7652 GRASMERE DRIVE  
LAND O' LAKES, FL 34637

\*\*\*\*\*

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

02/17/09  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

02/17/09  
\_\_\_\_\_  
Date

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