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**FLORIDA PROFIT/NON PROFIT CORPORATION
MLO PHLEBOTOMY SERVICES, INC**

Certificate of Status	0
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ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

M L O PHLEBOTOMY SERVICES, INC

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

13214 SW 252 LN
HOMESTEAD, FL 33032

ARTICLE III - SHARES

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

5000

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MARTA L. OLIVA

13214 SW 252 LN
HOMESTEAD, FL 33032

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TALLAHASSEE, FLORIDA**ARTICLE V - INCORPORATOR**

The name and address of the incorporator to these Articles of Incorporation is:

MARTA L. OLIVA
13214 SW 252 LN
HOMESTEAD, FL 33032The undersigned incorporator has executed these Articles of Incorporation this
19 day of APRIL 20 11.

Signature

ARTICLE VI - DIRECTOR(S)The name(s) and street address (es) of the director(s) to these Articles of
Incorporation is (are):MARTA L. OLIVA
13214 SW 252 LN
HOMESTEAD, FL 33032**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT**
/REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.



Registered Agent Signature

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