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March 21, 1995

PLEASE REPLY TO:
Coral Springs

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Tri-County Infusion Therapy Corp.

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$70.00.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Yours truly,

FREUND, FISHER & CO., P.A.

Lawrence Fisher
Lawrence Fisher

LF:mf
Enclosure

*Also enclosed is a Federal Express form and envelope to return
Certified Copy of Articles of Incorporation.

700001436957
-03/22/95--01100--016
*****70.00 *****70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
MAR 22 AM 11:41

3/23/95
[Signature]

ARTICLES OF INCORPORATION

OF

TRI-COUNTY INFUSION THERAPY CORP.

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:

TRI-COUNTY INFUSION THERAPY CORP.

ARTICLE II PRINCIPAL OFFICE

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

3111 UNIVERSITY DRIVE, #720
CORAL SPRINGS, FLORIDA 33065

ARTICLE III SHARES

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

1,000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LAWRENCE FISHER

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

LAWRENCE FISHER
3111 UNIVERSITY DRIVE
CORAL SPRINGS, FLORIDA 33065

FILED
MAR 23 1995
CLERK OF DISTRICT COURT
CORAL SPRINGS, FLORIDA

The undersigned Incorporator(s) has(have) executed these Articles of Incorporation this

21 day of MARCH, 1995.

Lawrence Fisher
Signature

Signature

Signature

Articles of Incorporation
Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: TRI-COUNTY INFUSION THERAPY CORP.

2. The name and address of the registered agent and office is:

LAWRENCE FISHER

(Name)

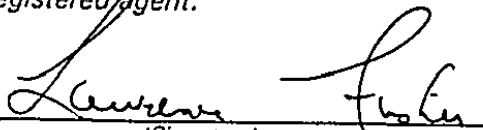
3111 UNIVERSITY DRIVE, #720

(P.O. Box ~~not~~ acceptable)

CORAL SPRINGS, FLORIDA 33065

(City/State/Zip)

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



(Signature)