

May 1, 1995

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

Re: Internal Medicine Influsion Services, Inc.

Dear Sir or Madam:

Please find enclosed the following:

- 1. One (1) Transmittal Letter;
- 2. One (1) original Articles of Incorporation;
- 3. Check in the amount of \$78,75 for filing fees.

I respectfully request that you take whatever steps are necessary to incorporate Internal Medicine Infusion Services, Inc. in the State of Florida.

If you have any questions, please do not hesitate to contact me. Thrank you for your assistance and cooperation in this matter.

Cauchie a. Cohrol

Caroline A. Johnson

JB5/16/95-

Enclosures

5825 Glenridge Drive · Building 3, Suite 240 · Atlanta, Georgia 30328 (404)2506262 · Fax (404)303·7090



TRANSMITTAL LETTER

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

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SUBJECT: <u>Internal Medicine Infusion Services</u>, Inc. (Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

\$70.00 Filing Fee	😠 \$78.75 Filing Fee & Certificate	Filing Fee Filing Fee & Certified Copy Additional Cop	Filing Fee, Certified Copy & Certificate y Required
FROM:	Dr. Steve Zellner Name (printed or typed)		
	2675 Winkler Avenue, Suite 300		
	Address		
	Ft. Myers,	Florida 33901	
	City, State & Zip		
	813-936-1343		

Daytime Telephone number

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



ARTICLES OF INCORPORATION

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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.

NAME

ARTICLEI The name of the corporation shall be:

Internal Medicine Infusion Services, Inc.

ARTICLE II PRINCIPAL OFFICE

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

2675 Winkler Avenue Suite 300 Ft. Myers, Florida 33901

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Dr. Steve Zellner 2675 Winkler Avenue Suite 300 Ft. Myers, FL 33901

ARTICLE V INCORPORATOR(S) See instructions for officers/directors

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

Dr. Steve Zellner 2675 Winkler Avenue Suite 300 Ft. Myers, Florida - 33901

day of <u>May</u>, 19<u>95</u>. <u>AMM</u> <u>AMM</u> <u>AMM</u>, <u>m</u> <u>D. Steve Zellfner</u> Signature <u>Signature</u>

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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

CERTIFICATE OF DESIGNATION OF SECRETARY OF STATE REGISTERED AGENT/REGISTERED OFFICE

95 MAY 15 PH 3:24

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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:

Internal Medicine Infusion Services, Inc.

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

Dr. Steve Zellner (NAME) 2675 Winkler Avenue, Suite 300 (P.O. Box or Mail Drop Box NOT ACCEPTABLE) Ft. Myers, Florida 33901 (CHTY/STATE/ZIP)

Having been named as registered agent and to accept service of process for the above stated corporation at the pi. :e designated in this certificate, I hereby accept the appointment as registered agent and agree to ac. in this capacity. I further agree to comply with the provisions of all statutes relating to the proper an 1 complete performance of my duties, and I am familiar with and accept the obligations of my positic n as registered agent.

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314