

P 950000 50706

TRANSMITTAL LETTER

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

FILED
JUN 27 AM 10 13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Hematology-Oncology Infusion Services, 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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: Dr. Bill Harwin
Name (printed or typed)

3840 Broadway
Address

Ft. Myers, Florida 33901-8108
City, State & Zip

813-275-6400
Daytime Telephone number

300001524833
-06/27/95--01093--004
*****78.75 *****78.75

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



PINNACLE ASSOCIATES

May 1, 1995

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Hematology-Oncology Infusion 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 Hematology-Oncology Infusion Services, Inc. in the State of Florida.

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

Sincerely,

Caroline A. Johnson

Enclosures

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:

Hematology-Oncology Infusion Services, Inc.

ARTICLE II PRINCIPAL OFFICE

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

3840 Broadway
Ft. Myers, Florida 33901-8108

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. Bill Harwin
3840 Broadway
Ft. Myers, Florida 33901-8108

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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. Bill Harwin
3840 Broadway
Ft. Myers, Florida 33901-8108

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

1st day of May, 19 95.

Bill Harwin, M.D. Signature

Signature

Signature

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

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

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: Hematology-Oncology Infusion Services, Inc.
2. The name and address of the registered agent and office is:

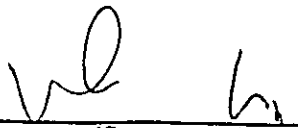
Dr. Bill Harwin
(NAME)

3840 Broadway
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Ft. Myers, FL 33901-8108
(CITY/STATE/ZIP)

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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.


Bill Harwin, M.D. (SIGNATURE)

May 1, 1995
(DATE)