

P95000073768

Begina Sickler
(Requestor's Name)
1501 W. Patterson St.
(Address)
Tampa, FL 33604
(City, State, Zip) (Phone #)

OFFICE USE ONLY

R00001591618
-09/22/95--01062--003
****122.50 ****122.50

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. PKN Phebotomy Service, Inc.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time _____

☐ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
95 SEP 22 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/25

Examiner's Initials

BSA

ARTICLES OF INCORPORATION
OF
PRN PHEBOTOMY SERVICE, INC.

FILED
95 SEP 22 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THE UNDERSIGNED INCORPORATOR OF THESE ARTICLES OF INCORPORATION, A NATURAL PERSON COMPETENT, HEREBY PRESENTS THESE ARTICLES OF INCORPORATION FOR THE FORMATION OF A CORPORATION UNDER THE LAWS OF THE STATE OF FLORIDA.

ARTICLE-I NAME

THE NAME OF THE CORPORATION IS: PRN PHEBOTOMY SERVICE, INC.

ARTICLE-II EXISTENCE

THE CORPORATION SHALL COME INTO EXISTENCE IMMEDIATELY UPON THE FILING OF THESE ARTICLES OF INCORPORATION AND SHALL HAVE A PERPETUAL EXISTENCE THEREAFTER.

ARTICLE-III NATURE OF BUSINESS

THE NATURE OF THE BUSINESS AND THE OBJECTS AND PURPOSES PROPOSED TO BE TRANSACTED, PROMOTED OR CARRIED ON ARE TO ENGAGE IN ANY AND ALL LAWFUL BUSINESSES IN THE STATE OF FLORIDA, INCLUDING BLOOD LETTING AND COURIER SERVICE.

ARTICLE IV CAPITAL STOCK

THE MAXIMUM NUMBER OF SHARE OF STOCK THAT THE CORPORATION IS AUTHORIZED TO HAVE AT ANY ONE TIME I 1000 SHARES OF COMMON STOCK AT \$1.00 PAR VALUE.

ARTICLE V INITIAL CAPITAL

THE AMOUNT OF CAPITAL WITH WHICH THE CORPORATION SHALL BEGIN BUSINESS IS \$500.00.

ARTICLE VI ADDRESS & REGISTERED AGENT

THE POST OFFICE ADDRESS OF THE CORPORATION'S PRINCIPAL BUSINESS OFFICE IS 1501 W. PATTERSON ST., TAMPA, FL. 33604., AND THE NAME AND ADDRESS OF ITS INITIAL REGISTERED AGENT IS REGINA SICKLER 1501 W. PATTERSON ST., TAMPA, FL. 33604. THE BOARD OF DIRECTORS MAY FROM TIME TO TIME MOVE THE REGISTERED AGENT'S OFFICE TO ANY OTHER OFFICE IN THE STATE OF FLORIDA.

ARTICLE VII BOARD OF DIRECTORS

THE INITIAL BOARD OF DIRECTORS SHALL CONSIST OF THOSE DIRECTORS WHOSE NAMES AND ADDRESSES ARE AS FOLLOWS: PRESIDENT REGINA SICKLER, 1501 W. PATTERSON ST., TAMPA, FL. 33604.

ARTICLE VIII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION IS: REGINA SICKLER 1501 W. PATTERSON ST., TAMPA, FL. 33604.

ARTICLE IX CHAPTER S

THE DIRECTOR SHALL BE AUTHORIZED TO MAKE A DECLARATION AS MAY BE NECESSARY TO CAUSE THE CORPORATION TO QUALIFY FOR TREATMENT AS AN "S" CORPORATION UNDER SECTION 1362 OF THE INTERNAL REVENUE SERVICE CODE.

ARTICLE X AMENDMENTS

THE ARTICLE OF INCORPORATION MAY BE AMENDED IN THE MANNER AS PROVIDED BY LAW. EVERY AMENDMENT SHALL BE APPROVED BY THE BOARD OF DIRECTORS, PROPOSED BY THEM TO THE SHAREHOLDERS, AND APPROVED

AT A SHAREHOLDER'S MEETING BY A MAJORITY OF THE STOCK ENTITLED TO VOTE THEREON, UNLESS ALLL DIRECTORS AND ALL THE SHAREHOLDER'S SIGN A WRITTEN STATEMENT MANIFESTING THEIR INTENTION THAT A CERTAIN AMENDMENT OF THESE ARTICLES OF INCORPORATION BE MADE. ALL RIGHTS OF THE SHAREHOLDERS ARE SUBJECT TO THESE RESERVATIONS.

ARTICLE XI

THE SHAREHOLDERS OF THE COMMON STOCK OF THIS CORPORATION SHALL HAVE PRESCRIPTIVE RIGHTS TO THE SHARES OF COMMON STOCK OR ANY OTHER TYPE OF STOCK OF THIS CORPORATION HEREAFTER ISSUED.

IN WITNESS WHEREOF, THE INCORPORATORS ABOVE NAMED, HERE UNTO SET THEIR HANDS AND SEALS ON THIS September-----DAY OF 14th-----, 1995, FOR THE PURPOSE OF FORMING THIS CORPORATION UNDER THE LAWS OF THE STATE OF FLORIDA, AND THEY MAKE, SUBSCRIBE, ACKNOWLEDGE AND FILE IN THE OFFICE OF THE SECRETARY OF THE STATE OF FLORIDA. THESE ARTICLES OF INCORPORATION AND CERTIFY THAT THE FACTS HEREIN STATED ARE TRUE.

Regina Sickler-----

REGINA SICKLER

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

FILED
95 SEP 22 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PURSANT 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: PRN PHEBOTOMY SERVICE, INC.

2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

REGINA SICKLER

1501 W. PATTERSON ST., TAMPA, FL. 33604

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.

Regina Sickler

DIVISION OF CORPORATION, P.O. BOX 6327, TALLAHASSEE, FL.

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000073768**

1. Corporation Name

PRN PHEBOTOMY SERVICE, INC.

FILED

96 NOV 13 PM 3: 50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1501 W PATTERSON ST
TAMPA FL 33604

Mailing Address

1501 W PATTERSON ST
TAMPA FL 33604

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/22/1995

5. FEI Number

593336170

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	SICKLER, REGINA	1501 W PATTERSON ST	TAMPA FL 33604

200002009342--1
-11/20/96--01025--002
****375.00 ****375.00

11/15/96

8. Name and Address of Current Registered Agent

SICKLER, REGINA
1501 W PATTERSON ST
TAMPA FL 33604

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Regina Sickler
REGISTERED AGENT MUST SIGN

Date 10-12-96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.01, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Regina Sickler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-12-96 932-8835
Date Daytime Phone

CR2040 (7/95)