

P96000023691

TRANSMITTAL LETTER

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

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-00/12/06---01118---003
****122.50 ****122.50

SUBJECT: Med-Infusion, INC.
(proposed company name)

Enclosed is an original and one (1) copy of the articles of incorporation and our check for \$/22.50

FROM: Robert M. Prine, Esq.
Name (printed or typed)

P.O. Box 3642
Address

Lakeland, FL - 33802
City, State, & Zip

941 687-3400
Telephone Number

FILED
96 APR 12 AM 8:33
DIVISION OF STATE
TALLAHASSEE, FLORIDA

Note: Please provide the original and one copy of the Articles.

SMS
3/18/06

ARTICLES OF INCORPORATION

OF

Med-Infusion, Inc.

FILED

96 MAR 12 AM 8 33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE 1 NAME

The name of the corporation shall be: Med-Infusion, Inc.

ARTICLE 2 PRINCIPAL OFFICE

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

401-B Highway 98 South
Lakeland, Fl. 33801-0000

ARTICLE 3 SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 shares common stock, no par value.

ARTICLE 4 INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Barbara Slama
401-B U.S. Highway 98 South
Lakeland, Fl. 33801-0000

ARTICLE 5 INCORPORATORS

The names and street addresses of the incorporators to these Articles of Incorporation are:

Robert Slama,	Eduardo Lopez
401-B U.S. Highway 98 South	401-B U.S. Highway 98 South
Lakeland, Fl. 33801-0000	Lakeland, Fl. 33801-0000

The undersigned incorporators have executed these Articles of Incorporation this 6TH day of March, 1996.

Robert Slama
Signature

Eduardo Lopez
Signature

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

Pursuant to the provisions of sections 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 incorporation is: Med - Infusion, Inc.

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

BARBARA SLAMA
(NAME)

401-B BARTOW HWY.
(P.O. BOX NOT ACCEPTABLE)

LAKELAND, FL 33801
(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

Barbara Slama

DATE

3/7/96

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96 MAR 12 AM 8:33
TALLAHASSEE, FLORIDA