Bruce (Required 1354 N	Destor's Name W 8/5 AVE Address	-
City/State/Z		Office Use Only
2. h01a	ration Name)	(Document #)
3(Corpo	ration Name) ration Name) Pick up time	(Document #) (Document #) (Cortified Copy
Mail out	Will wait Photoco	opy Certificate of Status
NEW FILINGS	AMENDMENTS	
Profit	Amendment	
NonProfit	Resignation of R.A., Officer	
Limited Liability	Change of Registered Agent	****21 7. SU ******78. 75
Domestication	Dissolution/Withdrawal	
Other	Merger	
OTHER FILINGS	REGISTRATION/	. ~
Annual Report	QUALIFICATION	
Fictitious Name	Foreign	
Name Reservation	Limited Partnership	
1	Reinstatement	
	Trademark	
	Other	<u> </u>
1031(1 95)		Examiner's antia.

CR2E

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:

Long Phlebotomy Inc.

ARTICLE II PRINCIPAL OFFICE

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

97 HAR 21 AH 10: 38
SECRETARINE LE FLORIE

1354 NW 81st Avenue Plantation, Florida 33322

ARTICLE III SHARES

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

100 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

Bruce A. Long 1354 NW 81st Avenue Plantation, Florida 33322

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):

- 1) Bruce A. Long 1354 NW 81st Avenue Plantation, Florida 33322
- 2) Robin B. Zukerman 1354 NW 81st Avenue Plantation, Florida 33322

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

(An additional article must be added if an effective date is requested.)

Signature

son D. Je

Signature

Notarization is not required

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 Long Phlebotomy Inc.	
2.	The name and address of the registered agent and office is:	97 HAR
	Bruce A. Long (NAME)	MAR 21
	1354 NW 81st Avenue	AH .
	(P. O. Box of Mail Drop Box NOT ACCEPTABLE)	AH IO: 39 Jate Jarda
	Plantation, Florida 33322	
	(ČITY/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.

3-20-97 (SIGNATURE) (DATE)