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GEORGINA GOMEZ
8932 N.W. 150TH TERR.
MIAMI, FL.33018
TEL (305) 558-3914
FAX(305) 558-3914

JUNE 2,1997

Florida Dept of State
Divisions of Corporations
P.O. Box 6327 Tallahassee,Fl. 32314

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-06/04/97--01101-019
***122.50 ***122.50

Hands

Subject : CARING/PHLEBOTOMY SERVICES,INC.

Enclosed please find original document and a copy of the articles of
Incorporation for CARING PHLEBOTOMY SERVICES,INC. which is
to be processed with our check totaling \$122.50.

Please feel free to call us at (305) 558-3914 or Fax (305) 558-3914.
if you have any questions in referenced to the above subject matter.

Thank You

Georgina Gomez
Georgina Gomez

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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~~CONFIDENTIAL~~

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ARTICLES OF INCORPORATION
OF
Caring Hands Phlebotomy Services, Inc.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I
NAME

The name of the corporation shall be CARING Hands Phlebotomy Services, Inc.

The principal place of business of this corporation shall be:
8932 N.W.150Th Terr.
Miami, Florida 33018.

ARTICLE II
NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III
CAPITAL STOCK

The capital stock authorized, the par value thereof and the characteristics of such stock shall be as follows:

<u>Number of Shares Authorized</u>	<u>Par Value/Share</u>	<u>Class of Stock</u>
1,000	\$1.00	Common

ARTICLE IV
TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V
INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is GEORGINA GOMEZ and the address of the initial state registered office is 8932 N.W. 150Th Terr. Miami, Florida 33018 pursuant to the Florida Statutes Section 607.0501 and 607.0505. The registered agent shall also serve as resident agent pursuant to Florida Statutes Section 48.091.

ARTICLE VI
OFFICERS DIRECTORS

The name(s) and street address of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

GEORGINA GOMEZ
8932 N.W. 150 TERR.
Miami, Florida 33018
PRESIDENT

Social Security No. 267-51-7838

NORBERT GOMEZ
8932 N.W. 150 TERR.
Miami, Florida. 33018
VICE-PRESIDENT

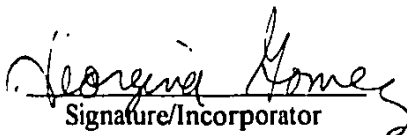
Social Security No. 224-80-1767

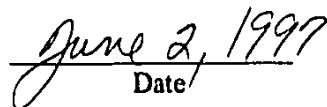
ARTICLE VII
INCORPORATOR

The name and street address of the incorporator is:

GEORGINA GOMEZ
8932 N.W. 150 TERR
Miami, Florida. 33018

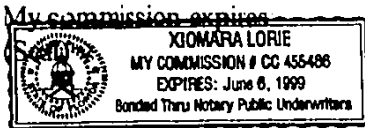
IN WITNESS WHEREOF, the undersigned, being the Incorporator named above for the purpose of forming a corporation pursuant to the Florida Business Corporation Act of the State of Florida has signed these Articles of Incorporation the 2 day of June, 1997.


Signature/Incorporator


Date

STATE OF FLORIDA)
)SS
COUNTY OF DADE)

The foregoing instrument was acknowledge before me this 2nd day of June, 1997, by GEORGINA GOMEZ personally known to me or who has produced the following identification G520-29059-822-D FLA.



Xiomara Lorie
Notary Public for State of Florida at Large

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, 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:

Caring Hands Phlebotomy Services, Inc.

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

Georgina Gomez
8932 N.W. 150 terr.
Miami, FL 33018

Georgina Gomez
Signature/Registered Agent

President
Title

June 2, 1997
Date

SECRET
DIVISION OF CORPORATIONS
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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.

Georgina Gomez
Signature

June 2, 1997
Date