

P98000017321
TRANSMITTAL LETTER

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

500002436395--9
-02/20/98--01064--020
*****70.00 *****70.00

SUBJECT: Phlebotomy Services, Inc.
(proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and our check
for \$ 70.00

FROM:

Phlebotomy Services, Inc.

Name (printed or typed)
10849 Gleneagles Road

Address

Boynton Beach, FL 33436

City, State, & Zip

(561) 265-0888

Telephone Number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 FEB 20 PM 2:30

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

2-23-98
W5

ARTICLES OF INCORPORATION

OF

Phlebotomy Services, Inc.

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:

Phlebotomy Services, Inc.

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ARTICLE II PRINCIPAL OFFICE

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

10849 Gleneagles Road
Boynton Beach, FL 33436

ARTICLE III CAPITAL STOCK

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:

Henry Dean, CPA
One South Ocean Blvd.
Suite 210
Boca Raton, FL 33432

ARTICLE V INCORPORATOR(S)

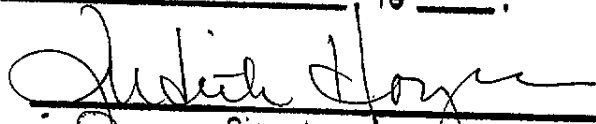
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Judith Hayes, President
10849 Gleneagles Road
Boynton Beach, FL 33436


Deborah L. Buckley, Vice President
1413 14th Terrace
Palm Beach Gardens, FL 33418

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

5th day of February 19 98.



Signature



Signature

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 corporation is: Phlebotomy Services, Inc.

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

Henry Dean, CPA

(NAME)

One South Ocean Blvd., Suite 210

(P.O. BOX ~~NOT~~ ACCEPTABLE)

Boca Raton, FL 33432

(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.

SIGNATURE

 CPA

DATE

2/10/98

REGISTERED AGENT FILING FEE: \$35.00