## 1980000 79957

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

Tallahassee, FL 3231	4			
SUBJECT: Bay Area Phlebotomy Service Inc. (Proposed corporate name - must include suffix)  4000026373544				
		-09/11/9801068008 ****131.25 ****131.25		
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:				
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 \$131.25 Filing Fee Filing Fee, & Certified Copy & Certificate		
		ADDITIONAL COPY REQUIRED		
FROM: Heidi Petrassi  Name (Printed or typed)				
	4460 59th	Ave. North		
- : :	St. Pete	FL 33714 59 5 6		
City, State & Zip				

Pm9/16/98

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

## ARTICLES OF INCORPORATION

FILED

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

98 SEP || AM 9: 40

AR	TICLE I	NAME

The name of the corporation shall be:

Bay Area Phlebotomy Service, Inc.

PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 4460 59th Ave. North ST. Pete FL 33714

ARTICLE III SHARES

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

one thousand Shares (preferred Stock) with a Par-

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Petrassi 59th Ave. North ST. Pete FL 33714 Heidi

4460

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Petrassi Heidi

Sath Ave North ST. Pete FL 33714 4460

Signature/Incorporator

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

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/Registered Agent

9-8-98 Date