

## Florida Department of State

Division of Corporations
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Katherine Harris, Secretary of State

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To:

Division of Corporations

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Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)541-3694

Fax Number : (305)541-3370

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## FLORIDA PROFIT CORPORATION OR P.A.

united philebotomy, inc.

Certificate of Status	0
Certified Copy	1
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## ARTICLES OF INCORPORATION

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

Date			
Signature/Incorporator  Signature/Incorporator	<u>.                                    </u>	<del>-</del>	
Solving of Buch			
FT. Lauderdale, FL 33309			
3333 W. COMMERCIAL BLVD SLITE 113,	A A	S	
SABEINAG BUTLER	ECRETARY OF STATE LLAHASSEE, FLORIDA	<u>ئ</u>	
The name and address of the incorporator to these Articles of Learning	S 1.	~~	
ARTICLE V INCORPORATOR	~ ~ ~	-	m
TAMARAC E) 33219	SS.	20	-
SABRINAG. BUTLER 5740 NW SUM JAME TAMARAC EL 33319 ARTICLE V INCORPORATOR	<u>₽</u> ₩	E S	- 3
	EE	99/	
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS	75.00		
CLOOD OUS LINESED			
(100) ONE HUNDRED	one time	: is:	
The number of shares of stock that this corporation is authorized to have outstanding at any			
ARTICLE III SHARES			
5326 NW 24th Street LANDERHILL, FL 33313			
5321. NIV Outh Signal			
The principal place of business and mailing address of this corporation shall be:			
ARTICLE II PRINCIPAL OFFICE			
UNITED PHLEBOTOMY, INC.			
The name of the corporation shall be-			
ARTICLE I NAME			

(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

8-20-99

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