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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : SHUTTS & BOWEN LLP OPERATING ACCOUNT
Account Number : I20030000037
Phone : (561) 835-8500
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FLORIDA PROFIT/NON PROFIT CORPORATION
Qualcare Holding Corp.

Certificate of Status	0
Certified Copy	0
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: Qualcare Holding Corp.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

210 S. Federal Highway2nd FloorHollywood, FL 33020**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Any and all lawful business.**ARTICLE IV SHARES**The number of shares of stock is: 10,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>Vladimir Grnja, M.D., Pres.</u>	Name and Title:	<u>Mark Grnja, VP & Treas.</u>
Address	<u>210 S. Federal Highway</u>	Address:	<u>210 S. Federal Highway</u>
	<u>2nd Floor</u>		<u>2nd Floor</u>
	<u>Hollywood, FL 33020</u>		<u>Hollywood, FL 33020</u>

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

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(cont.)

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
	_____		_____
	_____		_____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Mark Grnja
Address: 210 S. Federal Highway, 2nd Floor
Hollywood, FL 33020

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Mark Grnja
Address: 210 S. Federal Highway, 2nd Floor
Hollywood, FL 33020

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Required Signature/Registered Agent

Date

12/9/14

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator

Date

12/9/14

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