

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
P23000003518

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I2000000019
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Email Address: _____

2023 JAN 18 AM 9:51

**FLORIDA PROFIT/NON PROFIT CORPORATION
QUALITY CARE HEALTH SERVICES, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2023 JAN 18 AM 9:51
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

Quality Care Health Services, INC.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

4311 W Waters Ave Unit 304 Tampa, FL 33614

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Jose Artica - President

Juan C. Cruz Vice President

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TALLAHASSEE, FLORIDA

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ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Jose Artica, 4311 W Water Ave Unit 304 Tampa, FL 33614

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

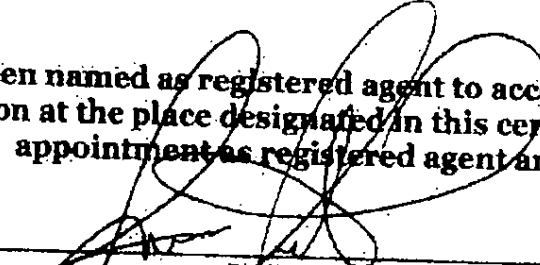
Jose Artica

4311 W Waters Ave Unit 304 Tampa, FL 33614

EIN: 92-1806710

Required Signatures:

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

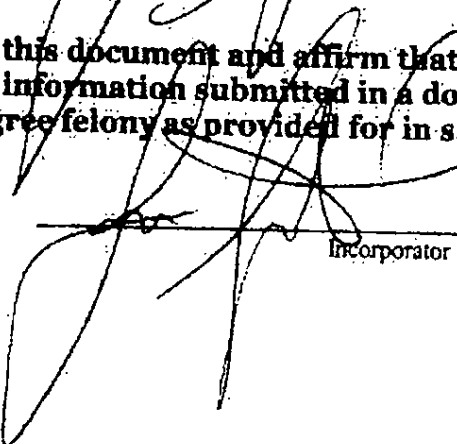


 Registered Agent

1/13/2023

 Date

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.877.155, F.S.



 Incorporator

1/13/2023

 Date

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