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ACCOUNT NO. : 072100000032

REFERENCE : 689495 7187578

AUTHORIZATION :

Patricia Pigato

COST LIMIT : \$ 125.00

ORDER DATE : January 14, 2002

ORDER TIME : 10:23 AM

ORDER NO. : 689495-005

CUSTOMER NO: 7187578

500004772665--3

CUSTOMER: Cynthia A. Mikos, Esq
Cynthia A. Mikos, P.a.

205 N. Parsons Avenue

Brandon, FL 33510

DOMESTIC FILING

NAME: QUALITY HEALTH PLAN OF
FLORIDA, L.L.C.

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 1156
EXAMINER'S INITIALS:

RECEIVED
02 JAN 14 AM 11:28
TALLAHASSEE, FLORIDA

02 JAN 14 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

[Handwritten initials]

**ARTICLES OF ORGANIZATION
OF
QUALITY HEALTH PLAN OF FLORIDA, L.L.C.**
a Florida Limited Liability Company

ARTICLE I.
NAME

The name of this Limited Liability Company is QUALITY HEALTH PLAN OF FLORIDA, L.L.C.

ARTICLE II.
ADDRESS

The mailing and street address of the principal office of the Limited Liability Company is:

99 Royal Palm Circle
Largo, FL 33778

ARTICLE III.
DURATION

This Limited Liability Company's existence shall commence upon the acceptance of the Articles of Organization by the Secretary of State of Florida and shall have perpetual duration.

ARTICLE IV.
MEMBERS

The Limited Liability Company shall at all times maintain at least one or more members. The initial member of the Limited Liability Company is Quality Health Plan, L.L.C.

ARTICLE V.
MANAGEMENT

The Limited Liability Company is a manager managed company. The name and address of the initial manager is:

Arain Nawaz, M.D.
620 Belle Terre Rd.
Port Jefferson, NY 11777

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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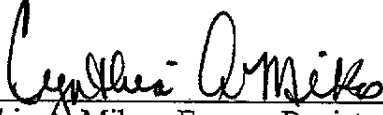
ARTICLE VI.

Registered Agent, Registered Office, and Registered Agent's Signature

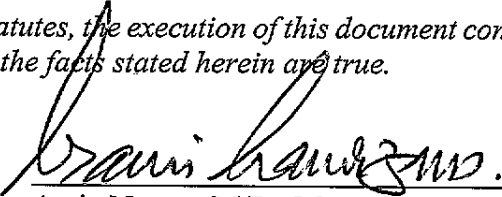
The name and the Florida street address of the registered agent is:

Cynthia A. Mikos, Esq.
Cynthia A. Mikos, P.A.
205 N. Parsons Ave., Suite A
Brandon, FL 33510-4515

Having been named as registered agent and to accept service of process for the above stated limited liability company 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 as provided for in Chapter 608, F.S.


Cynthia A. Mikos, Esq., as Registered Agent

In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.


Arain Nawaz, M.D., Managing Member

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