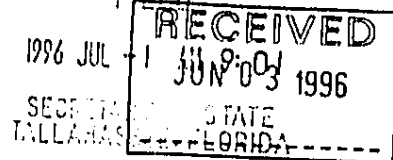


2nd NOTICE: Limited Liability Company Will Be Dissolved On Or After August 21, 1996. If Dissolved, Minimum Amount Due To Reinstato: \$738.75

APPROVED
AND
FILED



LIMITED LIABILITY COMPANY ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

FILING FEE \$ 263.75	Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee + \$25.00 LATE FEE Make Check Payable To: FLORIDA DEPARTMENT OF STATE
--------------------------------	--

DOCUMENT # L95000000993

1. Name and Mailing Address of Limited Liability Company

QUALITY CARE PROVIDERS, L.C.
1823-BUSINESS-PARK-BLVD.
BLDG. 2, SUITE-P
DAYTONA-BEACH-FL-32114

1a. Principal Place of Business Address

1823 BUSINESS PARK BLVD.
BLDG. 2, SUITE P
DAYTONA BEACH FL 32114

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a

2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		180 Chase Corporate Dr.	
City & State		Suite 260	
Zip		Birmingham AL	
Country	35244	Country	USA

3. Date Organized or Qualified	3a. State of Formation
12/22/1995	FL
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
59-3368241	
5. Date of Last Report	6. Certificate of Status Desired
	\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent

CORPORATION SERVICE, COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc. 400001888144

City -07/09/95--01121-011
***263.75 ***263.75

City FL Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reappointing)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	Hendrickson, Roman M. M.D.	621 South Nova Road	Ormond Beach, FL 32174
MGR	SPORE, STEPHEN S M.D.	854 W. PLYMOUTH AVE.	DELAND FL 32120
MGR	VELLEFF, THOMAS K M.D.	Feeme 2667 ENTERPRISE RD	ORANGE CITY FL 32763
MGR	ROBINSON, JERRY M.D.	1555 SAXON BLVD., STE. 301	DELTONA FL 32725
MGR	PATEL, BHUPENDRA M.D.	925 N. STONE ST.	DELAND FL 32720
MGR	OUELLETTE, ROBERT M.D.	800 W. PLYMOUTH AVE.	DELAND FL 32120
MGR	LUCAS, KENNETH J M.D.	405 N. CLYDE MORRIS BLVD.	DAYTONA BEACH FL 32114
MGR	Jackson, Jon M.D.	4770 South Ridgewood Ave.	Port Orange, FL 32119
MGR	Krancke, Kim M.D.	695 N. Clyde Morris Blvd.	Daytona Beach, FL 32114
MGR	Nashed, Margie M.D.	3953 Nova Road	Port Orange, FL 32127

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address

SIGNATURE: Roman M. Hendrickson, M.D. 6/12/96 (24) 677-5084

L95000000993

RECEIVED
95 DEC 22 PM 12:20
DIVISION OF CORPORATION



ACCOUNT NO. : 072100000032

REFERENCE : 780751 2200B

AUTHORIZATION :

COST LIMIT : \$ 337.50

Patricia Pyatt

ORDER DATE : December 22, 1995

ORDER TIME : 10:55 AM

ORDER NO. : 780751

CUSTOMER NO: 2200B

CUSTOMER: Judy Diamond, Legal Assistant
MCDERMOTT, WILL & EMERY

500001008125

201 South Biscayne Boulevard
22nd Floor
Miami, FL 33131-4335

DOMESTIC FILING

NAME: QUALITY CARE PROVIDERS, L.C.

☒ ARTICLES OF INCORPORATION
☐ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☒ CERTIFIED COPY
☐ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Gail L. Shelby

EXAMINER'S INITIALS:

FILED
95 DEC 22 PM 2:21
TALLAHASSEE, FLORIDA

SMB
12/22/95

**ARTICLES OF ORGANIZATION
OF
QUALITY CARE PROVIDERS, L.C.**

FILED
95 DEC 22 PM 2:21
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of this limited liability company is QUALITY CARE PROVIDERS, L.C. (the "Company").

ARTICLE II - DURATION

The Company shall exist from the date of filing these Articles of Organization with the Department of State until the occurrence of any of the events specified in Florida Statutes Section 608.441, unless continued by the unanimous consent of all of the remaining members of the Company (the "Members").

ARTICLE III - MAILING ADDRESS AND STREET ADDRESS

The mailing address and street address of the Company is 1823 Business Park Boulevard, Building 2, Suite P, Daytona Beach, Florida 32114.

ARTICLE IV - INITIAL REGISTERED AGENT AND OFFICE

The name of the initial registered agent of the Company is Corporation Service Company, and the street address of the initial registered agent of the Company is 1201 Hays Street, Tallahassee, Florida 32301.

ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS

Additional members to the Company may be admitted, but only if all the current Members agree to the admission of the additional members and to the terms of admission.

ARTICLE VI - MEMBERS RIGHTS TO CONTINUE BUSINESS

If a Member of the Company dies, retires, resigns, is expelled, is dissolved, experiences bankruptcy, or upon the occurrence of any other event which terminates the continued membership of a Member in the Company, the remaining Members may, by unanimous written agreement, continue the business of the Company.

ARTICLE VII - MANAGEMENT OF THE COMPANY

The Company shall be managed by not less than ten (10) managers (the "Managers"). The following is a list of the names and addresses of the ten (10) individuals who shall initially serve as Managers of the Company until the first annual meeting of the Members or until their successors are elected and qualify:

<u>Name</u>	<u>Address</u>
1. Stephen S. Spore, M.D.	854 West Plymouth Avenue Deland, FL 32720
2. Thomas K. Velleff, M.D.	Family Care Center Medical Clinic 2667 Enterprise Road, Suite 5 Orange City, FL 32763
3. Jerry Robinson, M.D.	1555 Saxon Boulevard Suite 301 Deltona, FL 32725
4. Bhupendra Patel, M.D.	925 N. Stone Street Deland, FL 32720
5. Robert Ouellette, M.D.	800 W. Plymouth Avenue Deland, FL 32720
6. Kenneth J. Lucas, M.D.	405 N. Clyde Morris Boulevard Daytona Beach, FL 32114
7. Magdy S. Nashed, M.D.	3953 S. Nova Road Port Orange, FL 32127

<u>Name</u>	<u>Address</u>
8. Roman Hendrickson, M.D.	55 North Causeway New Smyrna Beach, FL 32169
9. Jon Jackson, M.D.	4770 South Ridgewood Avenue Port Orange, FL 32119
10. Kim Klancke, M.D.	Cardiology Consultants 695 N. Clyde Morris Boulevard Daytona Beach, FL 32114

Thereafter, the Managers shall be elected annually as provided in the Company's regulations ("Regulations").

ARTICLE VIII - REGULATIONS

The Members shall have the power to adopt, alter, amend, or repeal the Regulations of the Company containing provisions for the regulation and management of the affairs of the Company.

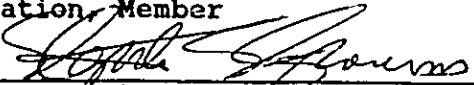
IN WITNESS WHEREOF, the undersigned, being all of the original Members of the Company, have executed these Articles of Organization, this 20th day of DECEMBER, 1995.

PREMIER ACCOUNTABLE HEALTH PLAN OF
DAYTONA, INC., a Florida
corporation, Member

By: 
Print Name: Roman Hendrickson, M.D.
Title: President

[Corporate Seal]

PREMIER ACCOUNTABLE HEALTH PLAN OF
DELAND/DELTONA, INC., a Florida
corporation, Member

By: 
Print Name: Stephen S. Spore, M.D.
Title: President

[Corporate Seal]

STATE OF FLORIDA)
COUNTY OF VALENTIA) SS:

BEFORE ME, the undersigned authority, personally appeared Roman Hendrickson, M.D., as the President of PREMIER ACCOUNTABLE HEALTH PLAN OF DAYTONA, INC., a Florida corporation, who after first being duly sworn, acknowledged that he executed before me the foregoing instrument on behalf of said corporation for the purposes therein expressed. He is personally known to me or produced _____ as identification.

WITNESS my hand and official seal in the State of Florida this 20th day of DECEMBER, 1995.

Adele J. Price
Print Name: ADELE J. PRICE
NOTARY PUBLIC, State of Florida

My Commission Expires:

STATE OF FLORIDA)
COUNTY OF VALENTIA) SS:



ADELE J. PRICE
COMMISSION # CC 478127
EXPIRES JUL 5, 1999
BONDED THRU
ATLANTIC BONDING CO., INC.

BEFORE ME, the undersigned authority, personally appeared Stephen S. Spore, M.D., as the President of PREMIER ACCOUNTABLE HEALTH PLAN OF DELAND/DELTONA, INC., a Florida corporation, who after first being duly sworn, acknowledged that he executed before me the foregoing instrument on behalf of said corporation for the purposes therein expressed. He is personally known to me or produced _____ as identification.

WITNESS my hand and official seal in the State of Florida this 20th day of DECEMBER, 1995.

Adele J. Price
Print Name: ADELE J. PRICE
NOTARY PUBLIC, State of Florida

My Commission Expires:



ADELE J. PRICE
COMMISSION # CC 478127
EXPIRES JUL 5, 1999
BONDED THRU
ATLANTIC BONDING CO., INC.

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned Member of Quality Care Providers, L.C. deposes and says:

1. The above named limited liability company has at least two members.
2. The total amount of cash contributed by the Members is \$56,500.00. No property other than cash has been contributed by the Members.
3. The total amount of cash or property anticipated to be contributed by the Members is \$56,500.00. This total amount includes the amount from 2 above.

PREMIER ACCOUNTABLE HEALTH PLAN OF
DAYTONA, INC., a Florida
corporation, Member

By: [Signature]
Print Name: Roman Hendrickson, M.D.
Title: President

[Corporate Seal]

STATE OF FLORIDA)
COUNTY OF YOLUSHA) SS:

BEFORE ME, the undersigned authority, personally appeared Roman Hendrickson, M.D., as the President of PREMIER ACCOUNTABLE HEALTH PLAN OF DAYTONA, INC., a Florida corporation, who after first being duly sworn, acknowledged that he executed before me the foregoing instrument on behalf of said corporation for the purposes therein expressed. He is personally known to me or produced _____ as identification.

WITNESS my hand and official seal in the State of Florida this 20th day of December, 1995.

[Signature]
Print Name: ADELE J PRICE
NOTARY PUBLIC, State of Florida

My Commission Expires:

NOTARY PUBLIC
STATE OF FLORIDA
ADELE J. PRICE
COMMISSION # CC 478127
EXPIRES JUL 5, 1999
BONDED THRU
ATLANTIC BONDING CO., INC.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:
Quality Care Providers, L.C.
2. The name and address of the registered agent and office is:

Corporation Service Company
1201 Hays Street
Tallahassee, Florida 32301

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.

Frank A. Healy
as agent, Registered Agent

Dated: 12-22-95

FILED
95 DEC 22 PM 2:21

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STRATEGIC MEDICAL SYSTEMS

600001901566
-07/23/96--01051--010
*****35.00 *****35.00

Office Use Only

ENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
96 JUL 22 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECHG
CRG
7/29

Examiner's Initials	
---------------------	--

Florida Department of State, Jim Smith, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: QUALITY CARE PROVIDERS, L.C.

1b. Date of incorporation 12/22/95 Document number 195000000993

2. The name and address of the current registered agent and office:

Corporation Service Company, 1201 Hays Street, Tallahassee, Florida 32301

3. The name and address of the new registered agent and office:
(P.O. Box Not Acceptable)

Adele J. Price, 475 North Clyde Morris Boulevard, Second Floor, Daytona Beach, Florida 32114

The street address of its registered agent and the street address of the business office of its registered agent as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

SIGNATURE

July 1996

DATE

Roman M. Hendrickson, M.D., President

Typed or printed name and title

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 RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

Adele J. Price (Registered Agent)

DATE July 17 1996

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