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LAZARUS CORPORATE FILING SERVICE, INC.

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LOCAL REPRESENTATIVE TALLAHASSEE

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00 JAN 24 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. QUALITY CARE THERAPY, INC.
(Corporation Name) (Document #)

2. (Corporation Name) (Document #)

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

RECEIVED
00 JAN 24 AM 11:27
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NEW FILINGS	
<input checked="" 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

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*****78.75 *****78.75

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Examiner's Initials

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.

ARTICLE 1 - NAME

The name of the corporation shall be:

QUALITY CARE THERAPY, INC.

ARTICLE 2 - PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

**1840 West 49 Street
Suite 600
Hialeah, Florida 33012**

ARTICLE 3 - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

One hundred (100) shares; \$1.00 par value.

Article 4 - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**Jorge Camacho
16127 Emerald Road
Weston
Davie, Florida 33331**

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ARTICLE 5 - INCORPORATORS

The name and street address of the incorporators to these Articles of Incorporation are:

Jorge Camacho
16127 Emerald Road
Davie, Fl. 33331

Yanet Tovar
16127 Emerald Road
Davie, Fl. 33331

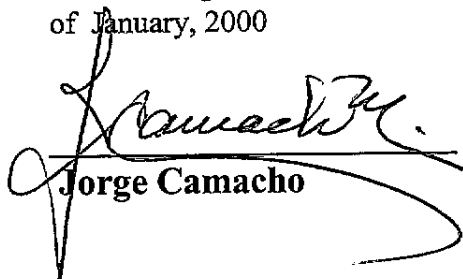
ARTICLE 6 - DIRECTORS

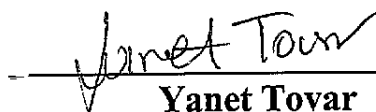
The name and street address of the directors to these Articles of Incorporation are::

Jorge Camacho
16127 Emerald Road
Davie, Fl. 33331

Yanet Tovar
16127 Emerald Road
Davie, Fl. 33331

The undersigned incorporators have executed these Articles of Incorporation this 19th day of January, 2000


Jorge Camacho


Yanet Tovar

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

Pursuant to the provision of sections 607.0501 or 617.0501, Florida statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designation the registered office/registered agent, in the State of Florida.

1. The name of the Corporation is : **Quality Care Therapy, Inc.**
2. The name and address of the registered agent and office is:

**Jorge Camacho
16127 Emerald Road
Weston
Davie, Florida 33331**

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

DATE

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