

15230

OFFICE USE ONLY (Document #)

**LAZARUS CORPORATE FILING SERVICE**

(Requestor's Name)

3320 S.W. 87 AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

400003503554--8

-12/18/00--01060--022

\*\*\*\*\*78.75 \*\*\*\*\*78.75

OFFICE USE ONLY

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

1. Quality HOMEHEALTH SERVICES &  
(Corporation Name) (Document #)

2. MEDICAL STAFFING INC.  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)



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Certificate of Status

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

RECEIVED  
00 DEC 18 AM 10:55  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS  
SECRETARY OF STATE

FILED  
00 DEC 18 PM 4:40  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

Examiner's Initials

**FILED**  
00 DEC 18 PM 1:40  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLES OF INCORPORATION**  
**OF**  
**QUALITY HOMEHEALTH SERVICES & MEDICAL STAFFING INC**

We, the undersigned, hereby associate ourselves together under the Laws of the State of Florida, under the provisions of the Statutes of the State of Florida, providing for the formation, liability, rights, privileges and immunities for a Corporation for profit, generally and hereby make, subscribe, acknowledge and file this Certificate for the purpose of becoming a Corporation under the Laws of the State of Florida.

**ARTICLE ONE**  
**Name of the Corporation**

The name of this Corporation shall be:  
**QUALITY HOMEHEALTH SERVICES & MEDICAL STAFFING INC.**

**ARTICLE TWO**  
**NATURE OF BUSINESS**

The general nature of the business to be transacted by this Corporation shall be:

Any activity and business permitted under the Laws of the State of Florida.

**ARTICLE THREE**  
**Capital Stock**

The maximum number of shares of capital stock authorized to be issued by this Corporation shall be 500 shares each having a par value of \$1.00 per share of said shares of stock shall entitle the holder thereof to one (1) vote at any meeting of stockholders. All or any part of said capital stock may be paid for in cash, in property, or in labor or services at a fair valuation to be fixed by the incorporator, or by the Board of Director, at a meeting called for such purpose. All stock when issued shall be fully paid for and shall be non-assessable.

**ARTICLE FOUR**  
**Initial Capital**

The amount of capital with which this Corporation shall begin business shall be: **Five Hundred Dollars (\$500.00)**

**ARTICLE FIVE**  
**Term of Existence**

This Corporation shall have perpetual existence.

**ARTICLE SIX**  
**Principal Office**

The following shall be the street address and the principal office for this Corporation, but the Corporation shall have the power to move the principal office to any other address in the State of Florida, and to establish branch offices and other places of business at such other places within or without the State of Florida that may be deemed expedient:

**1490 WEST 68TH ST.**  
**SUITE 104**  
**HIALEAH, FL. 33014**

**ARTICLE SEVEN**  
**Directors**

There shall be an Initial Board of Directors for this Corporation which shall consist of **TWO** officers, but shall never be less than **ONE**. Each of said Directors shall be of full age and each of them shall be residents of the United States. Any Director may be removed at any annual or special meeting of stockholders called in accordance with the By-Laws of the corporation, by the same vote as required to elect a Director.

**ARTICLE EIGHT**  
**Initial Board of Directors**

The names and addresses for the initial Board of Directors is as follows:

NAME	ADDRESS	OFFICE
JULIETA LOZADA	19237 N.W. 90TH CT. MIAMI, FL. 33018	President
ELIA MURIAS	1490 W. 68TH ST HIALEAH, FL. 33014	V/PRESIDENT

**ARTICLE NINE**

The name and addresses of each subscriber to these Articles of Incorporation and the number of shares each agrees to purchase are:

NAME	ADDRESS	NO. OF SHARES
JULIETA LOZADA	19237 N.W. 90TH CT. MIAMI, FL. 33018	250
ELIA MURIAS	1490 W. 68TH ST. HIALEAH, FL. 33014	250

**ARTICLE TEN**  
**Conflict of Interest**

No contract or other transaction between this Corporation and any other Corporation, and no act of this Corporation shall in any way be affected or invalidated by the fact that any of the officers of this Corporation are pecuniarily or otherwise interested in, or are Directors or officers of, such other Corporation; any Director individually, or any firm of which any Director may be a member, may be a party to, or may be pecuniarily or otherwise interested in any contract or transaction of this Corporation, provided that the fact that he or such firm is so interested shall be fully disclosed to each of the other shareholders and officers of the corporation or shall have been known to the Board of directors or a majority thereof, and any Director of this Corporation or who is so interested may be counted in determining the existence of a quorum at any such meeting of the Board of directors of this Corporation, with like force and effect as if he were not such a Director or officer of such other Corporation or not so interested.

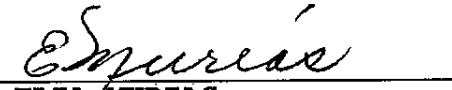
**ARTICLE ELEVEN**  
**Amendment**

The Corporation reserves the right to amend, alter, change or repeal any provision contained in these Articles of Incorporation in the manner now or hereafter prescribed by the Laws of the State of Florida, and all rights conferred upon the stockholders herein are subject to this reservation.

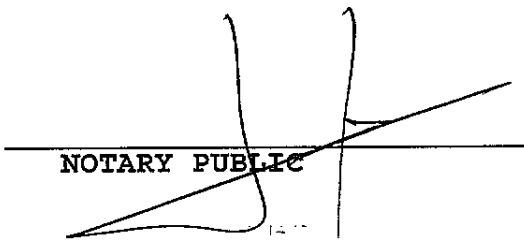
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IN WITNESS WHEREOF, WE, the undersigned, have executed these Articles of Incorporation for the uses and purpose stated therein this 11th day of December, 2000.

  
\_\_\_\_\_  
JULIETA EOZADA  
PRESIDENT

  
\_\_\_\_\_  
ELIA MURIAS  
V/PRESIDENT

Sworn to and subscribed before me this 11th day of December, 2000.

  
\_\_\_\_\_  
NOTARY PUBLIC

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. THE NAME OF THE CORPORATION IS:

QUALITY HOMEHEALTH SERVICES & MEDICAL STAFFING INC.

2.- THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

JULIETA LOZADA  
19237 N.W. 90TH CT.  
MIAMI, FL. 33018

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

*Julietta Lozada*

DATE

12/11/00

FILED  
00 DEC 18 PM 1:40  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA