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3320 S.W. 87 AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

500003622605--3

-02/01/01--01038--009

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

OFFICE USE ONLY

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

1. QUALITY HEALTH CARE, 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

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
01 FEB -1 AM 10:49
STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
01 FEB -5 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

February 1, 2001

LAZARUS

MIAMI, FL

SUBJECT: QUALITY HEALTH CARE, INC.
Ref. Number: W01000002470

We have received your document for QUALITY HEALTH CARE, INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6934.

Loria Poole
Corporate Specialist

Letter Number: 101A00006230

RECEIVED
01 FEB -5 11 10-02
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

OF

QUALITY HEALTH CARE OF MIAMI, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of this corporation shall be: QUALITY HEALTH CARE OF MIAMI, INC.

ARTICLE II PRINCIPAL OFFICE

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

1227 N.W. 159 LANE
PEMBROKE PINES, FL 33028

ARTICLE III CAPITAL STOCK

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

750 SHARES \$10 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

DOLLY VIARNES
1227 N.W. 159 LANE
PEMBROKE PINES, FL 33028

FILED
01 FEB -5 PM 3:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

DOLLY VIARNES
1227 N.W. 159 LANE
PEMBROKE PINES, FL 33028

The undersigned has(have) executed these Articles of Incorporation this 25 day of
~~DECEMBER, 2000.~~
January 2001

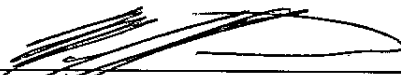

DOLLY VIARNES

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

I HEREBY CERTIFY that on this day, before me, an officer, duly authorized in the State aforesaid and in the County aforesaid, to take acknowledgments, personally appeared DOLLY VIARNES, to me known to be the persons described in and who executed the foregoing instrument or who have produced FL. DRIVERS LIC. as identification and who did take an oath and acknowledged before me that they executed the same.

WITNESS my hand and official seal in the County and State last aforesaid the 25 day
of ~~DECEMBER, 2000.~~
January 2001


NOTARY PUBLIC, State of Florida at Large

(Print Name)

My Commission expires:

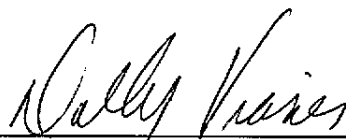
OFFICIAL NOTARY SEAL MANUEL RIVERO NOTARY PUBLIC STATE OF FLORIDA COMMISSION NO. CC935820 MY COMMISSION EXP. JULY 19, 2004
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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/ REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating registered office/registered agent in the State of Florida.


1. The name of the corporation is: QUALITY HEALTH CARE OF MIAMI, INC.
2. The name and address of the registered agent and office is:

DOLLY VIARNES
1227 N.W. 159 LANE
PEMBROKE PINES, FL 33028



DOLLY VIARNES
Date: 1/25/01

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.



DOLLY VIARNES

FILED
01 FEB -5 PM 3:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA