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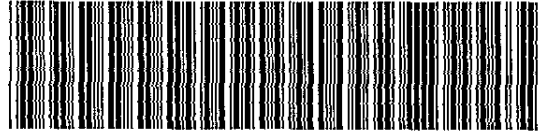
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~~W-33445~~  
~~W-33567~~

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**LAZARUS CORPORATE FILING SERVICE**

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**TERESA ROMAN ( TALLAHASSEE REPRESENTATIVE)**

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

1. MIAMI DADE MEDICAL CENTER, INC.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

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☐ 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

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State

November 26, 2002

LAZARUS

SUBJECT: MIAMI DADE MEDICAL GROUP, INC.  
Ref. Number: W02000033567

We have received your document for MIAMI DADE MEDICAL GROUP, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6904.

Freida Chesser  
Corporate Specialist  
New Filings Section

Letter Number: 302A00063566

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## **ARTICLES OF INCORPORATION**

*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 the corporation shall be:*

QUALITY MEDICAL HEALTH, INC.

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TALLAHASSEE, FLORIDA  
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### **ARTICLE II - PRINCIPAL OFFICE**

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

175 FONTAINEBLEAU, STE 2-2D, MIAMI, FL 33172

### **ARTICLE III - SHARES**

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

500 SHARES AT \$ 1.00 EACH.

### **ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS**

*The name and address of the initial registered agent is:*

ANDY CASTELLA  
4435 W. 14TH AVE. APT 205  
HIALEAH, FL 33012.

ARTICLE V - INCORPORATOR

*The name and street address of the incorporator to these Articles of Incorporation is:*

ANDY CASTELLA.-4435 W. 14TH AVE. APT 205, HIALEAH, FL 33012-DP-50% SHARES  
MARIA ARMENTEROS.-123 SAMORA AVE., APT 103, CORAL GABLES, FL. 33134-VST-50% SHARES

*The undersigned incorporator has executed these Articles of Incorporation this* 22 *day of* NOVEMBER 20 02

ANDY CASTELLA  
Signature

ARTICLE VI- DIRECTOR(S)

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

ANDY CASTELLA.-4435 W. 14TH AVE. APT 205, HIALEAH, FL 33012  
MARIA ARMENTEROS.-123 SAMORA AVE, APT 103, CORAL GABLES, FL 33134

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

*Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.*

ANDY CASTELLA  
Registered Agent Signature

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