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# FILED. OFFICE USE ONLY(DOCUMENT #) 2002 DEC -2 PH 2: 26 LAZARUS CORPORATE FILING SERVICE 3320 S.W. 87 AVENUE MIAMI, FLORIDA (305)552-5973 TERESA ROMAN (TALLAHASSEE REPRESENTATIVE) OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Fick up time 2.60 Certified Copy. Will wait Certificate of Status Mail out Photocopy NEW FILINGS AMENDMENTS Profit Amendment Resignation of R.A., Officer/Director NonProfit Limited Liability Change of Registered Agent Dissolution/Withdrawal Domestication Other Merger REGISTRATION/ OTHER FILNGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation

Reinstatement Trademark

Other

Examiner's Initials

### 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 SERVICES, INC.

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### ARTICLE II - PRINCIPAL OFFICE

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

4955 NW. 199TH ST. # 282 OPA LOCKA, FL. 33055

### 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:

ERNESTO BENAVIDES
4955 NW. 199TH ST. # 282
OPA LOCKA, FL. 33055

## ARTICLE V - INCORPORATOR

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

ERNESTO BENAVIDES.-4955 NW. 199TH ST. # 282, OPA LOCKA, FL. 33055.

The undersigned incorporator has executed these Articles of Incorporation this \_27\_ day of \_\_NOVEMBER \_\_\_\_ 20\_02

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## ARTICLE VI- DIRECTOR(S)

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

ERNESTO BENAVIDES.-4955NW. 199TH ST. # 282, OPA LOCKA, FL 33055.

### 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.

Registered Agent Signature