Division of Corporations

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Florida Department of State

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(((H03000263206 2)))

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FLORIDA PROFIT CORPORATION OR P.A.

QUALITY HEALTH CARE, INC.

Certificate of Status	0
Certified Copy	1
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SEP &



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 29, 2003

EXPRESS

SUBJECT: QUALITY HEALTH CARE, INC.

REF: W03000024679

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Wanda Cunningham Document Specialist New Filings Section FAX Aud. #: H03000263206 Letter Number: 403A00048689 (((H03000265206)))

ARTICLES OF INCORPORATION

ARTICLE L NAME

The name of this corporation is Quality Professional Health Care. Inc.

ARTICLE IL NATURE OF BUSINESS

<u>Ouality Professional Health Care, Inc.</u> is organized for the purpose of transacting any lawful business for which corporations may be formed in Florida.

ARTICLE III, TERM OF EXISTENCE

The duration of Ouality Professional Health Care, Inc. is perpetual.

ARTICLE IV. CAPITAL STOCK

<u>Ouglity Professional Health Care. Inc.</u> is authorized to issue 100 shares of common stock, par value \$1,00 per share.

ARTICLE V. ADDRESS

The principle address of **Quality Professional Health Care, Inc.** is:

P.O. Box 651711 Miami, FL 33265

and the name of the initial registered agent of this corporation at this address is

Antonio Garcia 2588 SW 27⁴. Avenue Miami, FL 33133 SECRETARY UF LORIDA TALLAHASSEE, FLORIDA (((HO300)263206)))

ARTICLE VI. INITIAL DIRECTORS

Ouality Professional Health Care, Inc. shall have one (1) directors, and the number of directors may be changed as provided in the bylaws, but shall never be less than one. The name and address of the initial director is:

Nora Llaurado 6140 SW 129th, Place # 2008 Miami, FL 33183 President/Secretary/Director

David Llaurado 6140 SW 129th, Place # 2008 Miami, FL 33183 Treasurer

ARTICLE VIL INCORPORATOR

The name and address of the incorporator of this corporation is:

Nora Liaurado 6140 SW 129th. Place # 2008 Miami, FL 33183

Nora Llaurado, Incorporator

(((H03000263206)))

ACCEPTANCE OF APPOINTMENT

OF

REGISTERED AGENT

SECRETARY OF STATE AT ALLAHASSEE, FLORIDA

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 hance of the corporation is. Viality and the section of the corporation is.
2. The name and address of the registered agent and office is:
Antonio Garcia
2588 SW 27th, Avenue
Miami, Fl 33133
SIGNATURE You Aburado
TITLE President / Secretary/ Director
DATE August 27, 2003
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF
PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN
IHIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED
AGENT AND AGREE TO ACT IN THE CAPACITY. I FURTHER AGREE TO COMPLY
WITH THE PROVISION 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 Andrio Haraia
DATE August 27, 2003