

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000243669 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0381

from:

Account Name : BERRIZ & GIRALDO P.A.

Account Number : 119990000017
Phone : (305)485-9300
Fax Number : (305)485-1098

EFFECTIVE DATE

FLORIDA PROFIT CORPORATION OR P.A.

HEALTH QUALITY PHYSICIANS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

Electronic Elling Menu,

Corporate Filing

Public Access Help



A:918502050381

P.2

FILED

00 243 669 3. 04 BEC-9 AM 10:13

ARTICLES OF INCORPORATION

MALLA HASSEE, FLORIDA

OF

HEALTH QUALITY PHYSICIANS, INC.

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporate, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

EFFECTIVE DATE

HEALTH QUALITY PHYSICIANS, INC.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

(1) Transact any and all lawful business.

(2) Said corporation shall further have powers:

To have perpetual succession by its corporate

name:

HEALTH QUALITY PHYSICIANS, INC.

Vohima del Corraf. 14080 SW 84 Ave Liami, FL. 33155. 805) 485-9300 Ho4 000 243 6693

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 60 shares, having an individual par value of \$10.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

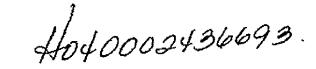
The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

PEDRO HERNANDEZ 14411 COMMERCE WAY # 420 MIAMI LAKES, FL. 33016

The principal office shall be:

14411 COMMERCE WAY # 420 MIAMI LAKES, FL. 33016

Hot 000 2434693.



ARTICLE VI

The initial Board of Directors shall consist of a total of THREE(03)persons, and the name and address of the person who is to serve as an initial director is:

ANTHONY L. MCBEAN 14411 COMMERCE WAY # 420 MIAMI LAKES, FL. 33016 PRESIDENT

KARLA STEINMULLER 14411 COMMERCE WAY # 420 MIAMI LAKES, FL. 33016 VICEPRESIDENT

PEDRO HERNANDEZ 14411 COMMERCE WAY # 420 MIAMI LAKES, FL. 33016

SECRETARY

The name and address of the incorporator executing these Articles of Incorporation is

PEDRO HERNANDEZ 14411 COMMERCE WAY # 420 MIAMI LAKES, FL. 33016

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this 09 DECEMBER 2004

PERRO HERNANDEZ

ARTICLE VII

THIS COPRORATION WILL START OPERATING ON JANUARY 1ST, 2005.

Hot 000 2436693.

P.5 E/LFN

04 DEC -9 AMIN: 13

Ho40002436693 TLAHESSEE FLOR

CERTIFICATE OF DESIGNATION REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provision of sections 607.0501 or 617.0501, 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:

HEALTH QUALITY PHYSICIANS, INC.

2. The Name and Address of the registered agent and office is

PEDRO HERNANDEZ 14411 COMMERCE WAY # 420 MIAMI LAKES, FL. 33016

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

Dated: DECEMBER 09, 2004

Llod 0002436693