

POL000050273

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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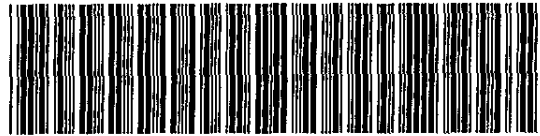
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

J. Shivers APR 10 2009

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Health Quality Care, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Argel Villalonga
Name (Printed or typed)

635 W. 29 St Apt. 8
Address

Hialeah, FL. 33012
City, State & Zip

786-295-0972
Daytime Telephone number

RECEIVED
TALLAHASSEE, FLORIDA

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NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Health Quality Care, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

551 W. 51st PL. Suite 207. Hialeah, FL.33012

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Center

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

President- Argel Villalonga 635 W 29 ST Apt 8
Hialeah, FL. 33012

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Argel Villalonga 635 W 29 ST Apt.8 Hialeah, FL. 33012

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Argel Villalonga 635 W. 29 ST. Apt.8 Hialeah, FL. 33012

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

04-04-2006

Date

Signature/Incorporator

04-04-2006

Date

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TALLAHASSEE, FLORIDA

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