.10/03/2 3054851 Di ons 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. (((H07000243777 3))) H070002437773ABC4 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) 617-6381 From: Account Name : BERRIZ & GIRALDO P.A. Account Number : 119990000017 Phone : (305)485-9300 Fax Number : (305)485-1098 the second secon FLORIDA PROFIT/NON PROFIT CORPORATED QUALITY PHYSICIAN MANAGEMENT, INC. ယ္က Certificate of Status 0 Certified Copy 1 05 Page Count \$78.75 **Estimated** Charge Electronic Filing Menu Corporate Filing Menu Help

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October 3, 2007

BERRIE & GIRALDO PA

FLORIDA DEPARTMENT OF STATE Division of Corporations

SUBJECT: QUALITY PHYSICIAN MANAGEMENT, INC. REF: W07000048943

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ARTICLES OF CORPORATION

OF

QUALITY PHYSICIAN MANAGEMENT, 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:

QUALITY PHYSICIAN MANAGEMENT, 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:

QUALITY PHYSICIAN MANAGEMENT, INC.

CLARA GIRALDO P.A. 4080 SW 84 AVE SUITE C MIAMI, FL 33155 (305) 485-9300

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ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 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 Registered Agent of this corporation shall be:

MICHAEL A. QUEVEDO 14411 COMMERCE WAY SUITE # 420 MIAMI LAKES, FL. 33016

The principal office shall be:

14411 COMMERCE WAY SUITE # 420 MIAMI LAKES, FL. 33016

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ARTICLE VI

The initial Board of Directors shall consist of a total of TWO (02) person, and the name and address of the person who is to serve as an initial director is:

MICHAEL A. QUEVEDO 14411 COMMERCE WAY SUITE # 420 MIAMI LAKES, FL. 33016 PRESIDENT

MARGARITA H. QUEVEDO 14411 COMMERCE WAY SUITE # 420 MIAMI LAKES, FL. 33016 VICEPRESIDENT

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

MICHAEL A. QUEVEDO 14411 COMMERCE WAY SUITE # 420 MIAMI LAKES, FL. 33016

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this SEPTEMBER 20, 2007.

LA. QUEVEDO

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CERTIFICATE OF DESIGNATION REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provision of sections 607.0501 or 617.0501, Fiorida Statutes, the undersigned corporation, organized under the laws of the State of Floridal of Submits the following statement in designating the registered office/registered agent, in the State of Florida,

1. The Name of the corporation is:

QUALITY PHYSICIAN MANAGEMENT, INC.

The Name and Address of the registered agent and office is

MICHAEL A. QUEVEDO 14411 COMMERCE WAY SUITE # 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 X

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Dated: SEPTEMBER 20, 2007.

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