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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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09/12/11--01044--002 \*\*70.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 SEP 12 PM 2:32

APPROVED  
AND  
FILED

1/4

## COVER LETTER

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

SUBJECT: MCQA, 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: Shari Rosenberg

Name (Printed or typed)

7632 Massachusetts Ave

Address

New Port Richey, FL 34653

City, State & Zip

727-848-2273

Daytime Telephone number

srosenberg@deltamedicalcare.com

E-mail address: (to be used for future annual report notification)

**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)

APPROVED  
AND  
FILED

**ARTICLE I NAME** MCQA, Inc  
The name of the corporation shall be:

11 SEP 12 PM 2:32

**ARTICLE II PRINCIPAL OFFICE**  
Principal ~~street~~ address  
7632 Massachusetts Ave  
New Port Richey, FL 34653

Mailing address, **SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
Medical Services

**ARTICLE IV SHARES**  
The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Haider Khan, MD PD	Name and Title: _____
Address: 7632 Massachusetts Ave	Address: _____
New Port Richey, FL 34653	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

Name: Haider Khan, MD  
Address: 7632 Massachusetts Ave  
New Port Richey, FL 34653

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

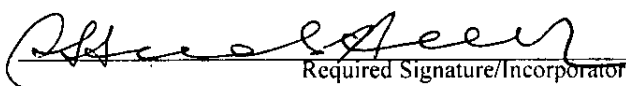
Name: Haider Khan, MD  
Address: 7632 Massachusetts Ave  
New Port Richey, FL 34653

*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*

  
Required Signature/Registered Agent

9/9/11  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

  
Required Signature/Incorporator

9/9/11  
Date