

PI1000093617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

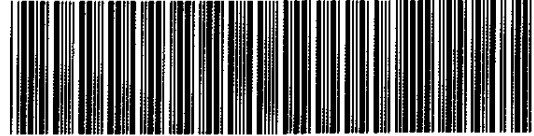
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

~~WH-47239~~

Office Use Only



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09/12/11--01044--003 **70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 OCT 25 PM 4:09

APPROVED
AND
FILED

COVER LETTER

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

SUBJECT: Medical Care Quality Assurance, 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.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 13, 2011

SHARI ROSENBERG
7632 MASSACHUSETTS AVE
NEW PORT RICHEY, FL 34653

SUBJECT: MEDICAL CARE QUALITY ASSURANCE, INC
Ref. Number: W11000047239

We have received your document for MEDICAL CARE QUALITY ASSURANCE, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 511A00021214

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

ARTICLE
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: **Medical Care Quality Assurance, Inc**

11 OCT 25 PM 4:09

ARTICLE II PRINCIPAL OFFICE

Principal street address
7632 Massachusetts Ave
New Port Richey, FL 34653

Mailing address, if different is:

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: **100**

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