

P9500019476

ALPHA OMEGA HEALTH CARE TRAINING  
CENTER AND QUALITY ASSURANCE  
CONSULTANTS  
633 N.E. 167th. STREET  
SUITE 619  
NORTH MIAMI BEACH, FLORIDA  
33162

950000030944  
-02/14/95--01079--004  
\*\*78.00 \*\*\*\*\*78.00

OFFICE USE ONLY

(City, State, Zip)

(Phone #)

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

95 MAR -9 PM 4:00  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

W95-3426

00789,545, 671

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

276 3-9

Examiner's Initials

ARTICLES OF INCORPORATION

OF

ALPHA OMEGA HEALTH CARE TRAINING CENTER  
AND QUALITY ASSURANCE CONSULTANTS INC.

The undersigned incorporator (s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the Corporation Shall be:

ALPHA OMEGA HEALTH CARE TRAINING CENTER AND  
QUALITY ASSURANCE CONSULTANTS INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

633 N.E. 167th. Street  
Suite 619  
North Miami Beach, Florida 33162

ARTICLES III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

BEVERLY STOKES  
20233 N.W. 39th. COURT  
OPALOCKA, FLORIDA 33055

95  
MAR -8 PM 4:00  
FILED  
TALLAHASSEE  
SECRETARY OF STATE

ARTICLE V INCORPORATOR(S)

THE NAME(S) AND STREET ADDRESS(ES) OF THE INCORPORATOR(S) TO  
THESE ARTICLES OF INCORPORATION IS(ARE):

ALPHA OMEGA HEALTH CARE TRAINING CENTER AND QUALITY ASSURANCE  
633 N.E. 167th. STREET  
SUITE 619  
NORTH MIAMI BEACH, FLORIDA  
33162  
CONSULTANTS  
INC.

THE UNDERSIGNED INCORPORATOR(S) HAS(HAVE) EXECUTED THESE ARTICLES  
OF INCORPORATION THIS

23 day of JANUARY 19 95

Beverly Stokes, LPN  
Signature

M. Delaney, R.N.  
Signature

Kenneth Delaney  
Signature

ARTICLES OF INCORPORATION  
FILING FEE - \$35

**REGISTERED AGENT/REGISTERED OFFICE:**

**PURSUANT TO THE PROVISIONS OF SECTION 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: ALPHA OMEGA HEALTH CARE  
TRAINING CENTER AND QUALITY  
ASSURANCE CONSULTANTS INC.
2. The name and address of the registered agent and office is:

Beverly Stokes  
20233 N.W. 39th. Court.  
Opalocka, Florida 33055

FILED  
95 MAR -8 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

Beverly Stokes  
(Signature)

P95000019476

6/28/95

000001528510  
-06/30/95--01066--006  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

JLY

To whom it may concern,  
Please find attached Articles  
of Amendment to Articles of  
Incorporation of Alpha Omega  
Health Care Training Center and  
Quality Assurance Consultants Inc.

Our new name will be:  
Quality Assurance Consultants Inc.  
Located: @ 633 NE 167 St, Ste 619  
No. Miami Beach, Fl. 33162  
Phone: (305) 650-9001

my name is Beverly R. Stokes,  
President and Registered Agent of  
said Corporation. I can be  
reached by mail 20233 NW 39th  
Dr. Boca, Fl. 33055-1325 and  
phone (305) 620-0074  
Re: Document number P95000019476

FILED  
95 JUL 25 AM 11:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Copy

of Status

~~W95-13987~~

N/C

7/26

BF

<input type="checkbox"/> Annual report	<input type="checkbox"/> Foreign
<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> Limited Partnership
<input type="checkbox"/> Name Reservation	<input type="checkbox"/> Reinstatement
	<input type="checkbox"/> Trademark
	<input type="checkbox"/> Other



**FLORIDA DEPARTMENT OF STATE**

**Sandra B. Mortham**  
Secretary of State

July 13, 1995

**BEVERLY D. STOKES**  
20233 NW 39 COURT  
OPA LCCKA, FL 33055-1325

**SUBJECT: ALPHA OMEGA HEALTH CARE TRAINING CENTER AND  
QUALITY ASSURANCE CONSULTANTS INC.**  
Ref. Number: P95000019476

We have received your document for ALPHA OMEGA HEALTH CARE TRAINING CENTER AND QUALITY ASSURANCE CONSULTANTS INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The second page of your document which contains the date of adoption, who the amendment was approved by and the signatures was missing, please resubmit with all pages attached.

Please return 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 (904) 487-6909.

Velma Shepard  
Corporate Specialist

Letter Number: 895A00033644

RECEIVED  
JUL 19 11 08 AM '95  
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION  
OF

FILED  
95 JUL 25 AM 11:20  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

ALPHA OMEGA HEALTH CARE TRAINING CENTER  
AND QUALITY ASSURANCE CONSULTANTS, INC.  
(present name)

Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:

**FIRST:** Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)

~~DELETE FROM ARTICLE 1: ALPHA OMEGA HEALTH CARE TRAINING CENTER AND.~~

(COOPERATION'S NAME SHALL BE: QUALITY ASSURANCE CONSULTANTS INC.)

~~DELETE FROM ARTICLE V: ALPHA OMEGA HEALTH CARE TRAINING CENTER AND.~~

M. DELANCY R.N.

KENYETTA DELANCY

ADD: BEVERLY D. STOKES, PRESIDENT - 60 SHARES  
MYRA J. BETHEL, VICE PRESIDENT - 20 SHARES  
ASHANTI R. STOKES, SECRETARY AND TREASURER - 20 SHARES

**SECOND:** If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

THIRD: The date of each amendment's adoption: 10/28/95 .

FOURTH: Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups.

*The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by \_\_\_\_\_ voting group."

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this day 28<sup>th</sup> of JUNE, 19 1995.

Signature

Beverly Stokes  
(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholder)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

BEVERLY D. STOKES

Typed or printed name

PRESIDENT/Incorporator

Title