

P95000020340

TRANSMITTAL LETTER

FILED

95 MAR -9 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

RECEIVED TELEPHONE
03/07/95 11:07:00
****122.50 ****122.50

SUBJECT: QUALITY HEALTH MANAGEMENT, INC.
(Proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for \$ 122.50 for:

Articles of Incorporation
Certificate of Designation of Registered Agent
Certified Copy of Articles of Incorporation

FROM:

JOHN S. MCCOY

Name (printed or typed)

319 SOUTH STATE RD 7

Address

MARGATE, FL 33068

City, State, & Zip

305-978-6466

Telephone Number

MAR 14 1995 BSB

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

ARTICLES OF INCORPORATION
OF

QUALITY HEALTH MANAGEMENT, 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:

QUALITY HEALTH MANAGEMENT, INC.

ARTICLE II PRINCIPAL OFFICE

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

318 SOUTH STATE RD 7
MARGATE, FLORIDA 33068

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JOHN S. MCCOY
2801 ROCK ISLAND RD #102
MARGATE, FL 33063

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TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATOR(S)

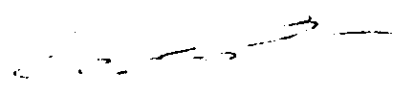
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

KEITH MCCOY
8815 NW 17TH MANOR
CORAL SPRINGS, FL 33071

JOHN S. MCCOY
2801 ROCK ISLAND RD #102
MARGATE, FL 33068

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

7 day of MARCH, 1995.



KEITH MCCOY

Signature



JOHN S. MCCOY

Signature

Signature

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

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SECRETARY OF STATE
FLORIDA

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: QUALITY HEALTH MANAGEMENT, INC.

2. The name and address of the registered agent and office is:

JOHN S. MCCOY

(Name)

2801 ROCK ISLAND RD #102

(P.O. Box not acceptable)

MARGATE, FL 33063

(City/State/Zip)

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.

JOHN S. MCCOY (Signature)

P95000020340

McCoy Chiropractic Centers
318 South State Rd. 7
Margate, FL 33068
305-978-6466

May 19, 1995

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

Re: Articles of Amendment for McCoy Healthcare Centers, P.A.
Articles of Amendment for Quality Health Management, Inc.

Dear Gentlemen:

Please find two copies of Articles of Amendment to Articles of Incorporation and a check in the amount of \$70.00.

If you have any questions or require additional information, please do not hesitate to call.

Very truly yours,

John S. McCoy, Secretary

JSM/ph

(PH15)MCCOY2.LTR

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

QUALITY HEALTH MANAGEMENT, 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)

RESOLVED THAT THE NAME OF THE CORPORATION BE AND HEREBY IS CHANGED TO MCCOY HEALTHCARE CENTER, INC.

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: MAY 1, 1995 .

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 22 of May, 19 95.

Signature

[Signature]
(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)

JOHN S. MCCOY

Typed or printed name

SECRETARY

Title

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV 21 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000020340**

1 Corporation Name

MCCOY HEALTHCARE CENTER, INC.

Principal Place of Business

318 S STATE RD 7
MARGATE FL 33068

Mailing Address

318 S STATE RD 7
MARGATE FL 33068

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/09/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0568560

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres/Sec	John S. McCoy	2801 Rock Island Rd #102 MARGATE, FL 33063	
V.P.	Keith McCoy	8815 NW 17 MANOR	CORAL SPRINGS, FL 33071

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JB11-22-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCCOY, JOHN S
2801 ROCK ISLAND RD #102
MARGATE FL 33063

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 9/23/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John S McCoy 9/23/96 978-6466