

P95000029541

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

RECEIVED  
APR 10 AM 11:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: Quality Family Care Inc.  
(proposed corporate name)

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

100001452331  
-04/10/95--01054--012  
\*\*\*122.50 \*\*\*122.50

FROM:

Sudie Turpin-Hiller  
Name (printed or typed)  
109 Odin Drive  
Address  
Winter Haven, FL 33884  
City, State, & Zip  
( 813 ) 324-9225  
Telephone Number

4/14/95  
JD

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

## ARTICLES OF INCORPORATION

OE

Quality Family Care 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.

RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
MAY 11 1984

### ARTICLE I NAME

The name of the corporation shall be:

Quality Family Care Inc.

### ARTICLE II PRINCIPAL OFFICE

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

109 Odin Drive  
Winter Haven, FL 33884

### ARTICLE III CAPITAL STOCK

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

100 (One Hundred)

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Sudie Turpin-Hiller  
109 Odin Drive  
Winter Haven, FL 33884

**ARTICLE V INCORPORATOR(S)**

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

Sudie Turpin-Hiller  
109 Odin Drive  
Winter Haven, FL 33884

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

4th day of April, 19 95.

*Sudie Turpin-Hiller*  
Signature Sudie Turpin-Hiller

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Articles of Incorporation  
Filing Fee - \$35

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 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 Family Care Inc.

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

Sudie Turpin-Hiller  
(NAME)

109 Odin Drive  
(P.O. BOX NOT ACCEPTABLE)

Winter Haven, FL 33884  
(CITY/STATE/ZIP)

APR 10 11:54  
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.

SIGNATURE \_\_\_\_\_  
Sudie Turpin-Hiller

DATE 4/4/95