

TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 627
Tallahassee, FL 32304

Subject: QUALITY PRACTICE MANAGEMENT, INC.
(Proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for \$75.00.

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-05/09/95--01015--017
*****75.00 *****75.00

FROM: Ann E. Martin
P.O. Box 57124
Jacksonville, Florida 32241-7124

(904) 886-4828

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

FILED
95 MAY 9 10:33
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION OF

QUALITY PRACTICE 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 PRACTICE MANAGEMENT INC.

ARTICLE II PRINCIPAL OFFICE

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

P. O. Box 57124
Jacksonville Florida 32241 - 7124

ARTICLE III SHARES

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

100 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

V B GREENLEAF
3250 Tea Rose Dr
Jacksonville Fla. 32223

FILED
9-3-73
TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATOR(S)

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

Suzanne Anglin
7901 Beaumontdown Circle E ' 309
Jacksonville Florida 32256

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

20th day of March, 19 95.

Suzanne Anglin
Signature

Signature

Signature

Articles of Incorporation
Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF 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: QUALITY PRACTICE MANAGEMENT INC.


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

V B Greenleaf
(Name)

3250 Tea Rose Dr.
(P.O. Box not acceptable)

Jacksonville Florida 32223
(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.


(Signature)

FILED
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TALLAHASSEE, FLORIDA