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1995 JUL 21 11:43
TALLAHASSEE, FLORIDA

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CORPORATION(S) NAME

MEDICAL QUALITY ASSURANCE, INC.

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TALLAHASSEE, FLORIDA

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|--|--|---|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Foreign | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reservation | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem |
| <input type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input type="checkbox"/> After 4:30 |
| <input type="checkbox"/> Pick Up | <input type="checkbox"/> Mail Out | |

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ARTICLES OF INCORPORATION

of

MEDICAL QUALITY ASSURANCE, INC.
(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

MEDICAL QUALITY ASSURANCE, INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue Five hundred shares (500) of one dollar Dollar(s) (\$ 1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	<u>Amy S. LiebmANN</u>		
ADDRESS	<u>2121 N. Bayshore DR., STE 1019</u>		
CITY	<u>MIAMI</u>	FLORIDA	ZIP <u>33137</u>

The principal office, if known, or the mailing address of the corporation is:

NAME	<u>Amy S. LiebmANN</u>		
ADDRESS	<u>2121 N. Bayshore DR., STE 1019</u>		
CITY	<u>MIAMI</u>	FLORIDA	ZIP <u>33137</u>

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	<u>Amy S. LiebmANN</u>		
ADDRESS	<u>2121 N. Bayshore DR., STE 1019</u>		
CITY	<u>MIAMI</u>	STATE <u>FL.</u>	ZIP <u>33137</u>
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

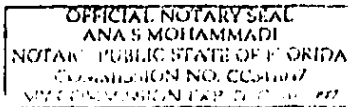
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TALLAHASSEE, FLORIDA

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	<u>Ruby S. Lieberman - VSKH</u>		
ADDRESS	<u>2121 N. Bayshore Dr., Ste 1019</u>		
CITY	STATE	ZIP	
<u>Miami</u>	<u>FL</u>	<u>33137</u>	
NAME			
ADDRESS			
CITY	STATE	ZIP	
NAME			
ADDRESS			
CITY	STATE	ZIP	

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 20th day of July, 19 95.



Ana S. Mohammadi (Seal)
 _____ (Seal)
 _____ (Seal)

CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT
OF

MEDICAL QUALITY ASSURANCE, INC.
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation

at 2121 N. BAYSHORE DR., STE 1019
MIAMI, FL. 33137

has named Amy S. Liebmann
located at the aforesaid address, as its Registered Agent to accept service of process
within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above
stated corporation at the place designated in this certificate, and being familiar with
the obligations of that position, I hereby accept to act in this capacity, and agree to
comply with the provisions of Florida Law in keeping open said office.

[Signature]
(registered agent)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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