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FAS-T CORPORATION AGENTS

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08/22/95

FLORIDA DIVISION OF CORPORATIONS

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TO: DIVISION OF CORPORATIONS

FROM: FAS-T CORP. AGENTS, INC.

DEPARTMENT OF STATE

8405 NW 53RD ST

STATE OF FLORIDA

SUITE C-100

409 EAST GAINES STREET

MIAMI FL 33166-

401-0000-0000

TALLAHASSEE, FL 32399

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DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.

NAME: QUALITY MEDICAL SERVICES, INC.

FAX AUDIT NUMBER: H95000009298

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DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State

August 23, 1995

FAS-T CORP. AGENTS, INC.

MIAMI, FL

SUBJECT: QUALITY MEDICAL SERVICES, INC.
REF: W93000016997

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Lorie Poole
Corporate Specialist

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Division of Corporations - P.O. Box 6327 - Tallahassee, Florida 32314

ENCLOSURE

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ARTICLES OF INCORPORATION

OF

QUALITY MEDICAL SERVICES CENTER, INC.

FILED
95 AUG 21 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THE UNDERSIGNED INCORPORATOR, FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA GENERAL CORPORATE ACT, HEREBY ADOPTS THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE I: NAME

THE NAME OF THE CORPORATION SHALL BE: QUALITY MEDICAL SERVICES CENTER, INC.

ARTICLE II: NATURE OF THE BUSINESS

THIS CORPORATION MAY ENGAGE IN OR TRANSACT ANY OR ALL LAWFUL ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES, THE STATE OF FLORIDA, AND ANY OTHER STATE, COUNTRY, TERRITORY OR NATION. THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS CORPORATION SHALL BE:

9200 WEST CALUSA CLUB DRIVE
Miami, Florida 33186

ARTICLE III: CAPITAL STOCK

THE AGGREGATE NUMBER OF SHARES OF STOCK AND ITS PAR VALUE THAT THIS CORPORATION IS AUTHORIZED TO ISSUE AND HAVE OUTSTANDING AT ANY ONE TIME IS: 1,000 SHARES OF COMMON STOCK, PAR VALUE \$ 1.00 PER SHARE.

ARTICLE IV: TERM OF EXISTENCE

THIS CORPORATION SHALL EXIST PERPETUALLY.

Prepared by: Andrade & Hernandez P.A.

520 Biltmore Way
Coral Gables, FL 33134
(305) 444-8800

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ARTICLE VI: OFFICERS AND DIRECTORS

THE NAMES AND STREET ADDRESSES OF THE INITIAL OFFICERS AND DIRECTORS, WHO SHALL HOLD OFFICE THE FIRST DAY OF THE CORPORATION'S EXISTENCE UNTIL THEIR SUCCESSORS ARE ELECTED ARE:

PRESIDENT & SECRETARY:

**NELSA NESSA
9200 WEST CALUSA CLUB DRIVE
Miami, Florida 33186**

ARTICLE VII: INCORPORATOR

THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION IS:

**NELSA NESSA
9200 WEST CALUSA CLUB DRIVE
Miami, Florida 33186**

IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATOR HAS SIGNED THESE ARTICLES OF INCORPORATION THIS 21st DAY OF August OF 1995.

SIGNATURE OF INCORPORATOR

N. N. N. N.

STATE OF FLORIDA)
) ss:
COUNTY OF DADE)

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED AND SWORN TO BEFORE ME THIS _____ DAY OF _____ OF 199__ BY NELSA NESSA OF QUALITY MEDICAL SERVICES, INC.

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OF THE FLORIDA STATUTES, THE UNDERSIGNED CORPORATION SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. THE NAME OF THE CORPORATION IS: Quality Medical Services Center, INC.
2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

Nelsa Messa
9200 West Calusa Club Drive
Miami, Florida 33186

SIGNATURE: Nelsa Messa
NELSA MESSA, PRESIDENT

DATE: 08/21/95

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE 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.

Nelsa Messa
NELSA MESSA, REGISTERED AGENT

DATE: 08/21/95

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TALLAHASSEE, FLORIDA

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