

NAME: QUALITY HEALTH OPTIONS, INC.

FAX AUDIT NUMBER: H96000000078

CURRENT STATUS: REQUESTED

DATE REQUESTED: 01/02/1996

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ARTICLES OF INCORPORATION

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QUALITY HEALTH OPTIONS, INC.

SECRETARY OF STATE
SECRETARY OF STATE
ALL HASSEF FLORINA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE | NAME

The name of the corporation shall be:

QUALITY HEALTH OPTIONS, INC.

The principal place of business of this corporation shall be:

5209 N.W. 74th Ave. # 213

Miami, Fl 33166

ARTICLE II NATURE OF 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, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: 1.00 Shares \$ 1.00 par value

ARTICLE IV. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

President: Omelio Ramirez

5209 N.W. 74th Ave. # 213

Miami, FL 33166

Prepared by: Omelio Ramirez

5209 N.W. 74th Ave. # 213

Miami, FL 33166 (305) 597-3949

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ARTICLE VI INCORPORATOR(S)

The name(s) and street address(s) tion is(are):	a) of the incorporator(s) to this serious or incorporat-
Omelia Ramirez	5209 N.W. 74th Ave. # 213 Mlami, FL 33166
	landanad incorporator(a) has(hava) axacuted these
Articles of incorporation this	ersigned incorporator(s) has(have) executed these 2nd day of January , 19 96
•	Signature(e) of Incorporator(e)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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 OPTIONS, INC.		
2.	The name and address of the registered agent and office is: Omelio Ramirez		
	(P.O. BOX NOT ACCEPTABLE)		
	5209 N.W. 74th Ave. # 213 Miami, FL 33166		
	(CITY/STATE/ZIP)		
	SIGNATURE Coul King		
	(corporate officer)		
	TITLE President Dri G		
	DATE1/2/96		
	VING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED RPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE DVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PER-RMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECON 607.325, FLORIDA STATUTES.		
	SIGNATURE Bull Rang		
	DATE		

REGISTERED AGENT FILING FEE: