

P96000023547

TRANSMITTAL LETTER

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

RECEIVED TALLAHASSEE
-03/12/96-01056-0002
***131.25 ***131.25

SUBJECT: PHYSICIANS QUALITY REIMBURSEMENT SERVICES, INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FILED
MAR 12 PM 2:08
TALLAHASSEE, FLORIDA

FROM: VICTORIA CERDA
Name (printed or typed)

P.O. Box 8158
Address

CORAL SPRINGS, FLORIDA 33075
City, State & Zip

(800) 906-2597
Daytime Telephone number

1296-5650

F. CHESSEB MAR 15 1996

537

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

ARTICLES OF INCORPORATION

ARTICLE I

The name of corporation shall be:

PHYSICIANS QUALITY REIMBURSEMENT SERVICES, INC.

ARTICLE II

The principal place of business: 13394 NW 8th St., Miami, FL 33182

and the mailing address: PO Box 8158, Coral Springs, FL 33075

ARTICLE III

The number of shares is two.

ARTICLE IV

The initial registered agent is:

Favien Mayans-Cal
13394 NW 8th St
Miami, FL 33182

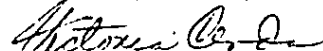
ARTICLE V

The names and street addresses of the incorporators to these Articles of Incorporation are:

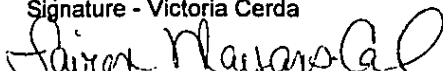
Victoria Cerda
6661 McClellen St.
Hollywood, FL 33024

Favien Mayans-Cal
13394 N.W. 8th St.
Miami, FL 33182

The undersigned incorporators have executed these Articles of Incorporation this 3rd day of March of 1996.



Signature - Victoria Cerda



Signature - Favien Mayans-Cal

FILED
MAR 12 PM 2:03
HALL COUNTY, FLORIDA

PQRS, INC.
Corporate Resolution

To provide quality reimbursement services, in the form of consulting and claims processing, to physicians, clinics, hospitals, and other healthcare professionals who may benefit from such services. These services will include, but are not limited to, analysis of payments and fees, audits of records, practice management assessments and recommendations, creation and implementation of hiring and billing tools, guidance on proper procedural and diagnostic coding and others.

The foregoing purposes and activities will be interpreted as examples only and not as limitations, and nothing therein shall be deemed as prohibiting the corporation from extending its activities to any related or otherwise permissible lawful business purpose which may become necessary, profitable or desirable for the furtherance of the corporate objectives expressed above.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 107.0601, 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: **PHYSICIANS QUALITY REIMBURSEMENT SERVICES, INC.**
2. The name and address of the registered agent and office is:

Favlen Mayans-Cal
13394 N.W. 8th St.
Miami, FL 33182

FILED
95 MAR 12 PM 2:03
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.

Favlen M. Cal
(SIGNATURE)

3/4/96
(DATE)