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## TRANMITTAL LETTER

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

SUBJECT: ALPHA TOTAL QUALITY MANAGEMENT, INC. (proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and our check for  $\frac{1}{100}$ .

FROM:

SHARMA S. ELDRIDGE
Name (printed or typed)

1940 HARRISON ST., Suitz 200
Address

HOLLYWOOD FL 33020
City, State, & Zip

1-800-600-7404
Telephone Number

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

# ARTICLES OF INCORPORATION FOR ALPHA TOTAL QUALITY MANAGEMENT, INC.

The state of the s The undersigned, acting as incorporator of a corporation pursuant to Chapter 617 Florida Statutes, adopts the following Articles of Incorporation of such corporation:

# ARTICLE I

The name of the corporation shall be:

# ALPHA TOTAL QUALITY MANAGEMENT, INC.

The principal place of business of this corporation shall be:

1940 Harrison Street, Suite 200 Hollywood, FL 33020

# ARTICLE II

The period of the duration of this corporation is perpetual unless dissolved according to law.

# ARTICLE III

The purpose(s) for wich the corporation is organized is (are):

- 1. The appropriate management of medical cases.
- 2. To consult with, advise and evaluate health care providers e.g. doctors, hospitals, nursing homes, home health agencies, insurance companies, health maintenance organizations, preferred providers organizations or networks, clinics or other entities involved in health care, regarding the appropriateness, quality and cost-effectiveness of health care services.
- 3. To consult with and evaluate such entities listed above regarding total quality management.
- 4. To provide health care consumers with education and information regarding health care providers of every type.
- 5. The purposes for which the corporation is organized are strictly charitable, educational, medical, scientific, social service and community service.
- 6. Notwithstanding any other provision of these articles, this organization shall not carry on any activities not permitted to be carried on by an organization exempt from federal income tax under section 501 (c) (3) of the Internal Revenue code of 1986 or the corresponding provision of any future United States Internal Revenue law.

#### ARTICLE IV

The qualifications for members and the manner of their admission shall be defined in the by-laws.

## ARTICLE V

The number constituting the initial Board of Directors or the corporation is three and the names and addresses of the persons who are to serve initially area:

Sharma S. Eldridge, President, 8943A Thumbwood Circle, Boynton Beach, FL Patricia F. Hall, Vice President, 4013 Pearl Ave, Tampa, FL Mary S. McDaniel, Secretary-Treasurer, 8943A Thumbwood Circle, Boynton Beh

# ARTICLE VI

This corporation is organized under a non-stock basis.

## ARTICLE VII

In the event of dissolution, the residual assets of the organization will be turned over to one or more organizations which themselves are exempt as organizations described in Section 501 (c) (3) and 170 (c) (2) of the Internal Revenue Code of 1954 or corresponding sections of any prior or future law, or to the Federal, State, or Local Government for exclusive public purpose.

#### AKTICLE VIII

The name and address of the incorporator is:

Sharma S. Eldridge, 8943A Thumbwood Circle, Boynton Beach, FL 33436

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 27th day of June, 1996.

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 307.0501 or 317.0501, 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.

۱.	The	name of th	e corporation	•		
is:		ALPHA	TOTAL	QUALITY	MANAGENIENT	.IK.
•			. : :-		<del></del>	

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

Sharma S. Eldridge
name
1940 Harrison Street. Suite 200
p.o.box NOT acceptable
Hollywood. Fl 33020
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.

SIGNATUŖE<u>'</u>

**REGISTERED AGENT FILING FEE: \$35.00** 

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE