

P97000027263

Peoples Quality Care Inc.
Requestor's Name

8031 North Ola Avenue
Address

Tampa FL 33604
City/State/Zip Phone #

000002114550--8
03/17/97--01026--012
*****70.00 *****70.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

615-611
W97-6510

97 MAR 25 11:1:25
RECEIVED
STATE
CLERK

8/3/26/97



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 MAR 25 PM 1:25

March 20, 1997

PEOPLES QUALITY CARE INC.
8031 NORTH OLA AVENUE
TAMPA, FL 33604

SUBJECT: PEOPLES QUALITY CARE, INCORPORATED
Ref. Number: W97000006510

We have received your document for PEOPLES QUALITY CARE, INCORPORATED and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6973.

Claretha Golden
Document Specialist

Letter Number: 597A00014138

*Info enclosed
Thanks
al jeh
3/24/97*

ARTICLES OF INCORPORATION

OF

PEOPLES QUALITY CARE, INCORPORATED

FILED
SECRETARY OF STATE
INCORPORATIONS
97 MAR 25 PM 1:25

ARTICLE I NAME

The name of the corporation shall be:

PEOPLES QUALITY CARE, INCORPORATED

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

8031 NORTH OLA AVENUE
TAMPA, FLORIDA 33604

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 10,000.

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

AL IMEH
8031 NORTH OLA AVENUE
TAMPA, FLORIDA 33604

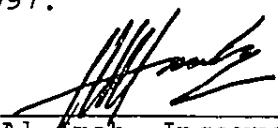
COUNTY OF HILLSBOROUGH, FLORIDA

ARTICLE V , INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

AL IMEH
8031 NORTH OLA AVENUE
TAMPA, HILLSBOROUGH COUNTY, FLORIDA 33604

The undersigned has executed these Articles of Incorporation this 13TH day of MARCH, 1997.

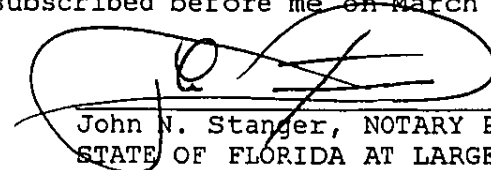

Al Imeh, Incorporator

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

Sworn to (or affirmed) and subscribed before me on March 13, 1997.



JOHN N. STANGER
COMMISSION # CG 547920
EXPIRES APR 18, 2000
BONDED THRU
ATLANTIC BONDING CO., INC.


John N. Stanger, NOTARY PUBLIC
STATE OF FLORIDA AT LARGE

Commissioned name of notary

(Check only one)

☐ Personally known ☒ Produced identification
Type of identification produced FDL

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, 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.

1. The name of the corporation is:

PEOPLES QUALITY CARE, INCORPORATED

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

**AL IMEH
8031 NORTH OLA AVENUE
TAMPA, FLORIDA 33604**

Signature:


Al Imeh

Title:

PRESIDENT

Date:

MARCH 24, 1997

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.

Date:

MARCH 24, 1997

Signature:


Al Imeh