

P970000347426

TRANSMITTAL LETTER

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

SUBJECT: QUALITY THERAPY ASSOCIATES Incorporated  
(Proposed corporate name - must include suffix)

800002192338--0  
-05/27/97--01163--014  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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

FROM:

DEBRA TARAKOFSKY  
Name (printed or typed)

4430 NW 99 AVE  
Address

SUNRISE, FL 33351  
City, State & Zip

954-749-3555  
Daytime Telephone number

FILED  
MAY 29 1997

FILED  
97 MAY 27 AM 8:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLES OF INCORPORATION**

**FILED**  
97 MAY 27 AM 8:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I NAME**

The name of the corporation shall be:

QUALITY THERAPY ASSOCIATES INCORPORATED

**ARTICLE II PRINCIPAL OFFICE**

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

4430 NW 99 AVE  
Sunrise FL 33351

**ARTICLE III SHARES**

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

100

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

DEBRA TARAKOVSKY  
4430 NW 99 AVE  
Sunrise FL 33351

**ARTICLE V INCORPORATOR(S)**

**See instructions for officers/directors**

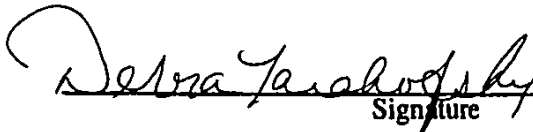
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

DEBRA TARAKOVSKY  
4430 NW 99 AVE  
SUNRISE, FLORIDA 33351

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

12 day of FEBRUARY, 19 97.

(An additional article must be added if an effective date is requested.)

  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Notarization is not required**

**NOTE:** Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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

**FILED**  
97 MAY 27 AM 8:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: QUALITY THERAPY ASSOCIATES  
INCORPORATED


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

DEBRA TARAKOVSKY  
(NAME)

4430 NW 99 AVE  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

SUNRISE, FL. 33351  
(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.*

 (SIGNATURE) 5/12/97 (DATE)