

P97000084235

TRANSMITTAL LETTER

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

**SUBJECT:** QualMed Health Services, Inc.  
(Proposed corporate name - must include suffix)

600002305706--4  
-09/29/97--01062--005  
\*\*\*\*\*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:** Clarence A. Scott, D.O., MBA  
Name (Printed or typed)  
  
2803 SE 22 ND Place  
Address  
  
Cape Coral, FL 33904  
City, State & Zip  
  
(941) 549-5144  
Daytime Telephone number

**FILED**  
97 SEP 29 AM 8:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

9/30/97  
-T.M.

## ARTICLES OF INCORPORATION

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

FILED  
97 SEP 29 AM 8:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### ARTICLE I NAME

The name of the corporation shall be: QualMed Health Services, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

2803 SE 22 ND Place  
Cape Coral, FL 33904

### ARTICLE III SHARES

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

500 Shares

\* The incorporators elect to treat all losses under section 1244 of the Internal Revenue Code.

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Clarence A. Scott, D.O., MBA  
2803 SE 22 ND Place  
Cape Coral, FL 33904

### ARTICLE V INCORPORATOR

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

Clarence A. Scott, D.O., MBA  
2803 SE 22 ND Place  
Cape Coral, FL 33904

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date

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

*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/Registered Agent

  
\_\_\_\_\_  
Date