

P97000106218

OFFICE USE ONLY (Document #)

7637 State Rd. 52

(Requestor's Name)

(Address)

Bayonet Point, FL 34667

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

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

1. Quality Medical Care of Southeast Florida

(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

97 DEC -9 PM 1:24
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100002305241--7
-09/26/97-01100-014
***122.50 ***122.50

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

12/18
Examiner's Initials

LAW OFFICES OF DALE L. BERNSTEIN
ATTORNEYS AT LAW

DALE L. BERNSTEIN
MICHELLE L. PROCTOR

EDWARD BONCEK*

OF COUNSEL

* ALSO ADMITTED IN NEW YORK

PLEASE REPLY TO MAIN OFFICE:

7637 STATE ROAD 52
BAYONET POINT, FLORIDA 34667

TELEPHONE: (813) 862-4411

FACSIMILE: (813) 862-5152

BRANCH OFFICE:

5308 SPRING HILL DRIVE
SPRING HILL, FL 34606
(352) 688-5297

November 18, 1997

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

RE: Filing of Articles of Incorporation for:
QUALITY MEDICAL CARE OF FLORIDA, INC.

Gentlemen:

Enclosed herewith please find original Articles of Incorporation, Certificate of Designation Registered Agent/Registered Office and one (1) copy of each with regard to the above-captioned matter which were previously forwarded to you on September 25, 1997 together with a check in the amount of \$122.50 representing the filing fee and on October 27, 1997. I am also enclosing herewith a copy of the letter of September 26, 1997 and October 31, 1997 from you. Upon filing of the enclosed, please return the file stamped copies to me at your earliest convenience.

I look forward to receiving the file stamped copies from you. Should you have any questions, please do not hesitate to contact me.

Very Truly Yours,

DALE L. BERNSTEIN, ESQ.

DLB/jam

encl:

ltr\dly\1-6-95\111797.592



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

December 9, 1997

LAW OFFICES OF DALE L. BERNSTEIN
7637 STATE ROAD 52
BAYONET POINT, FL 34667

SUBJECT: QUALITY MEDICAL CARE OF FLORIDA, INC.
Ref. Number: W97000022177

Southwest, Florida, Inc

We have received your document for QUALITY MEDICAL CARE OF FLORIDA, INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of 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 (850) 487-6934.

Loria Poole
Corporate Specialist

Letter Number: 497A00057895

ARTICLE I NAME

The name of this Corporation shall be:

QUALITY MEDICAL CARE OF SOUTHWEST FLORIDA, INC.

ARTICLE II PRINCIPAL OFFICE

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

**7730 Little Road, Suite B
New Port Richey, Florida 34654**

ARTICLE III CAPITAL STOCK

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

One Hundred (100) Shares

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

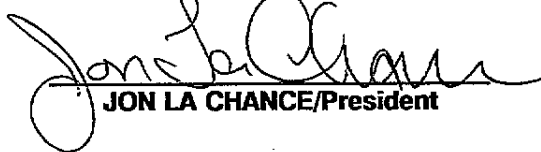
**Jon La Chance
7730 Little Road, Suite B
New Port Richey, Florida 34654**

ARTICLE V INCORPORATOR

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

**Jon La Chance
7730 Little Road, Suite B
New Port Richey, Florida 34654**

The undersigned has executed these Articles of Incorporation this
17 day of November, 1997.


JON LA CHANCE/President

corp\arts\110797.592

FILED
97 DEC -9 PM 1:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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:


QUALITY MEDICAL CARE OF SOUTHWEST FLORIDA, INC.

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

JON LA CHANCE
7730 Little Road, Suite B
New Port Richey, Florida 34654


JON LA CHANCE
11/17/97
(date)

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.


JON LA CHANCE
11/17/97
(date)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA