

P98000081816

TRANSMITTAL LETTER

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

800002643369--8  
-09/18/98--01065--003  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: QUALITY CARE Plus Inc  
(proposed corporate name)

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$ 7000.

FROM:

ALFIO E. DALLI  
Name  
2311 BAY BLVD. #1  
Address  
INDIAN ROCKS BEACH, FL 33785  
City, State, & Zip  
(727) 593-9733  
Telephone Number

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 SEP 18 AM 8:35

Note: Additional copy of articles is needed only when certified copy is requested.

B. BROCK SEP 22 1998

**ARTICLES OF INCORPORATION**

**OF**

Quality Care Plus, Inc.

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 Care Plus, Inc.

**ARTICLE II PRINCIPAL OFFICE**

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

2311 Bay Blvd #1  
Indian Rocks Beach, FL 33785

**ARTICLE III CAPITAL STOCK**

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

1,000 (One Thousand)

**ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:

William B. Shaw, Jr  
18395 Gulf Blvd #202  
Indian Shores, FL 33785

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**ARTICLE V INCORPORATOR(S)**

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

ALFIO E. DALCI  
2311 BAY BLVD # 1  
INDIAN ROCKS BEACH, FL 33785

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

16<sup>TH</sup> day of SEPTEMBER, 19 98.

 PRESIDENT  
Signature/Title

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

**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 CARE Plus, Inc.

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

William B. SHAW, JR.  
(NAME)

18395 GULF BLVD #202  
(P.O. BOX NOT ACCEPTABLE)

INDIAN SHORES FL 33785  
(CITY/STATE/ZIP)

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SIGNATURE [Signature]  
(corporate officer)

TITLE PRESIDENT

DATE 9/16/98

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 William B. Shaw Jr.

DATE 9/16/98