

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 687076

**Entity Name:** QUALITY ASSURANCE INSTITUTE, INC.

**Current Principal Place of Business:**

2101 PARK CENTER DRIVE  
SUITE 205  
ORLANDO, FL 32835

**Current Mailing Address:**

2101 PARK CENTER DRIVE  
SUITE 205  
ORLANDO, FL 32835

**FEI Number: 59-2023359**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

TICKNOR, THOMAS ECOO  
5513 PALM LAKE CIRCLE  
-  
ORLANDO, FL 32819 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            CEO  
Name            MOHNOT, NAVYUG  
Address        2101 PARK CENTER DRIVE, SUITE  
                  205  
City-State-Zip: ORLANDO FL 32835

Title            VD  
Name            MOHNOT, SEEMA  
Address        2101 PARK CENTER DRIVE, SUITE  
                  205  
City-State-Zip: ORLANDO FL 32835

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: THOMAS TICKNOR**

**COO**

**01/20/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date