

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 687076

**FILED  
Jan 20, 2014  
Secretary of State  
CC3576383215**

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