

**2021 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P01000103237

**Entity Name:** QUALITY ASSURED SERVICES, INC.

**Current Principal Place of Business:**

30 SOUTH KELLER ROAD  
SUITE 100  
ORLANDO, FL 32810

**Current Mailing Address:**

30 SOUTH KELLER ROAD  
D367 AP6D SUITE 100  
ORLANDO, FL 32810 US

**FEI Number:** 59-3437644

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 VICE PRESIDENT AND TREASURER  
Name MCCOY, JOHN  
Address 100 ABBOTT PARK ROAD  
City-State-Zip: ABBOTT PARK IL 60064

Title PRESIDENT  
Name KUNKLER, ROBERT  
Address 100 ABBOTT PARK ROAD  
City-State-Zip: ABBOTT PARK IL 60064

Title ASSISTANT TREASURER  
Name OOSTERBAAN, BENJAMIN E  
Address 100 ABBOTT PARK ROAD  
City-State-Zip: ABBOTT PARK IL 60064

Title SECRETARY  
Name KAESEBIER, TARA R  
Address 100 ABBOTT PARK ROAD  
City-State-Zip: ABBOTT PARK IL 60064

*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:** TARA KAESEBIER

**SECRETARY**

**09/15/2021**

Electronic Signature of Signing Officer/Director Detail

Date