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

SIGNATURE: OLIVER J MERWIN

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# F0200004051

Entity Name: QMS INFORMATION TECHNOLOGIES, INC.

#### **Current Principal Place of Business:**

11325 SW OLMSTEAD DR PORT ST LUCIE, FL 34987

### **Current Mailing Address:**

10380 SW VILLAGE CENTER DR **PMB 101** TRADITION, FL 34987

# FEI Number: 88-0381660

### Name and Address of Current Registered Agent:

MERWIN, OLIVER J 11325 SW OLMSTEAD DR PORT ST LUCIE, FL 34987 US Certificate of Status Desired: No

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

## Officer/Director Detail :

Title	PD	Title	STD
Name	MERWIN, CARMEN O	Name	MERWIN, OLIVER J
Address	11325 SW OLMSTEAD DR	Address	11325 SW OLMSTEAD DR.
City-State-Zip:	PORT SAINT LUCIE FL 34987	City-State-Zip:	PORT SAINT LUCIE FL 34987

above, or on an attachment with all other like empowered. 01/28/2013

FILED Jan 28, 2013 Secretary of State CC1881839472

Date

Date

SECRETARY