

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90062 024 \*\*\*150.00

**DOCUMENT # F00000000158**

**1. Entity Name**  
**QAO HEALTHCARE SOLUTIONS, INC.**

**Principal Place of Business**  
**7500 GREENWAY CENTER DRIVE, 16TH FLOOR**  
**GREENBELT, MD 20770**

**Mailing Address**  
**7500 GREENWAY CENTER DRIVE, 16TH FLOOR**  
**GREENBELT MD 20770**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**

**95-4659947**

Applied For

Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**8. 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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.** ☐

**\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDD</b> <b>PRATT, GREGORY A</b> <b>7500 GREENWAY CENTER DRIVE, 16TH FLOOR</b> <b>GREENBELT MD 20770</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>OWENS, WAYNE</b> <b>6300 CANOGA AVE, SUITE 550</b> <b>WOODLAND HILLS CA 91367</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCFD</b> <b>FOX, J. JEFFREY</b> <b>7500 GREENWAY CENTER DRIVE, 16TH FLOOR</b> <b>GREENBELT MD 20770</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SAGNER, DIANNE R</b> <b>7500 GREENWAY CENTER DRIVE, 16TH FLOOR</b> <b>GREENBELT MD 20770</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HAZELL, CHRISTINE M</b> <b>7500 GREENWAY CENTER DRIVE, 16TH FLOOR</b> <b>GREENBELT MD 20770</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>A</b> <b>CHEN, JIN</b> <b>7500 GREENWAY CENTER DRIVE, 16TH FLOOR</b> <b>GREENBELT MD 20770</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**2/18/02**

**301 486-2401**

Date

Daytime Phone #

CR2E034 (9/01)