

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 21, 2001 8:00 am
Secretary of State

09-21-2001 90001 010 ***758.75

DOCUMENT # F00000006862

1. Entity Name

Quality Systems and Services, GA, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

229 E OGLETHORPE BLVD.

3. Mailing Address

3017 TIPPERARY DRIVE

DO NOT WRITE IN THIS SPACE

City & State

ALBANY, GA

City & State

TALLAHASSEE FL

4. FEI Number

58-2531565

Applied For

Not Applicable

Zip

31705

Country

USA

Zip

32309

Country

LISA

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

*MR. WILLIAM D MOOREHEAD
 or
 MR. DAVID R. ARMSTRONG
 3017 TIPPERARY DR.
 TALLAHASSEE, FL 32309*

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)

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FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>PRESIDENT</i>
STREET ADDRESS	<i>DAVID ARMSTRONG</i>
CITY-ST-ZIP	<i>3017 TIPPERARY DR. TALLAHASSEE, FL 32309</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>DIRECTOR / TREASURER</i>
STREET ADDRESS	<i>RAYFORD HALL</i>
CITY-ST-ZIP	<i>229 E OGLETHORPE BLVD. ALBANY GA 31705</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

DAVID ARMSTRONG

9/14/2001 229.291.1602

CR2E034 (5/01)