

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90091 013 ***150.00

FORM 1078 AT

DOCUMENT # F91539

1. Entity Name
QUICK QUALITY MEDICAL TRANSCRIBING, INC.

Principal Place of Business

P.O. BOX 772405
 OCALA FL 34477-2405
 US

Mailing Address

P.O. BOX 772405
 OCALA FL 34477-2405
 US



2. Principal Place of Business

10145 SW 69 Ct

3. Mailing Address

10145 SW 69 Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

OCALA, FL

City & State

OCALA, FL

4. FEI Number

59-2213507

Applied For

Not Applicable

Zip

34476

Country

MARION

Zip

34476

Country

MARION

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

LETTIERI, MOIRA
10145 S.W. 69 COURT
OCALA FL 34476

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	PT LETTIERI, MOIRA 10145 S.W. 69 COURT OCALA FL 34476	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Moira Lettieri
REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/16/02

Date

Daytime Phone #

CR2E034 (9/01)