

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # F97000004400

1. Entity Name

Q.A. POINT-OF-CARE SERVICES, INC.



Principal Place of Business

1506 N ORANGE BLOSSOM TRAIL  
SUITE B  
ORLANDO, FL 32804

Mailing Address

1506 N ORANGE BLOSSOM TRAIL  
SUITE B  
ORLANDO, FL 32804

FILED

06 FEB 24 PM 2:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01142006 No Chg-P CR2E034 (11/05) 06

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4. FEI Number

59-3437647

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

VISNICH, MICHAEL R  
1506 N ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32804

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PO  
VISNICH, MICHAEL R  
119 BISMARCK STREET  
OCOE, FL 34761

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

800067456758  
03/09/06--01020--004 \*\*372.50

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 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

1-16-2006

Date

407-562-2854

Daytime Phone #