FILE NOW: FILING FEE AF / X WAY 151 IS \$550,00 May 17, 1999 8:00 am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris Secretary of State *ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 05-17-1999 90062 017 ***150.00 DOCUMENT # 1. Corporation Name Quantum melical Services, INC. Principal Place of Business Mailing Address 13901 middle Paul DR Same TAMPA, FL 33624 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/01/1957 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For <u>58- 180</u>8375 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be **Trust Fund Contribution** Added to Fees Ζίρ Country Country 8. This corporation owes the current year Intangible 25 29 30 Personal Property Tax. 🗶 . Yes ElNo 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Glisson, michael D. 13901 middle Paik Drive Street Address (P.O. Box Number is Not Acceptable) 83 TAMPA, FL 33624 94 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Shyrusture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Addition | Change NAME 12 NAME glisson. STREET ADDRESS 1.3 STREET ADDRESS CHTY-ST-ZIP TAMPA, FL 33624 1.4 CITY - ST - ZIP TITLE 2.1 TITLE ☐ Change Addition NAME 22 NAME 14316 Killing von Place STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-2#P DELETE 3.1 TITLE Addition NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS

14. It hereby certify that the information supplied with this liting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

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