

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90207 030 ***150.00

0276100 AV

DOCUMENT # **K18837**

1. Entity Name
QUALITY MEDICAL PERSONNEL, INC.



Principal Place of Business
**1180 NE 161ST TERRACE
N MIAMI BCH FL 33162**

Mailing Address
**1180 NE 161ST TERRACE
N MIAMI BCH FL 33162**



2. Principal Place of Business

4051 E 8 AVE

3. Mailing Address

4051 E 8 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #1

Suite #1

City & State

City & State

Hialeah FL

Hialeah FL

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0037797**

Applied For
Not Applicable

Zip Country
33013 Dade

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

**SERRANO JR., RAUL O., C.P.A.
1065 NE 125TH STREET
SUITE 317
NORTH MIAMI FL 33161**

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

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PONCE, CARLOS E. 1180 NE 161ST TERRACE N. MIAMI BEACH FL 33162	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OLIVEROS, JOSE R. 1180 NE 161ST STREET N. MIAMI BEACH FL 33162	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *President* **4/15/03** **305-836-7927**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)