

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 91062 010 \*\*\*\*61.25

**DOCUMENT # N00000003509**

1. Entity Name

**NATIONAL QUALITY PATIENT CARE FOUNDATION, INC.**



Principal Place of Business

**9200 SW 212 TERRACE  
MIAMI FL 33189**

Mailing Address

**9200 SW 212 TERRACE  
MIAMI FL 33189**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1021775**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PYLES, RICHARD B  
20343 OLD CUTLER ROAD  
MIAMI FL 33189**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **BONGIOVANNI, NANCY**  
STREET ADDRESS **9200 SW 212 TERRACE**  
CITY-ST-ZIP **MIAMI FL 33189**

TITLE **D** ☐ Delete  
NAME **FULLER, ROSEMARY**  
STREET ADDRESS **31801 SW 197 AVE**  
CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE **D** ☐ Delete  
NAME **SCHNEIDER, JEFFREY**  
STREET ADDRESS **3521 RIDGELAND ROAD**  
CITY-ST-ZIP **DAVIE FL 33328**

TITLE **D** ☐ Delete  
NAME **ROSE, TIM**  
STREET ADDRESS **10470 SW 201 TERRACE**  
CITY-ST-ZIP **MIAMI FL 33189**

TITLE **D** ☐ Delete  
NAME **DIAZ, GERSON PAUL DR.**  
STREET ADDRESS **11310 SW 200 STREET**  
CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 617, 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**

**3/13/03 305 969-907**

CR2E037 (10/02)