

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90282 029 \*\*\*\*61.25

**DOCUMENT # N30806**

1. Entity Name

**QUALITY CARE ADVOCATES, INC.**

Principal Place of Business

Mailing Address

575 NW FENTON AVE  
 PORT CHARLOTTE FL 33952

PO BOX 2213  
 PORT CHARLOTTE FL 33949-2213

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0194891**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**POUNDS, LINDA** *NW*  
~~575 NW FENTON AVE~~  
**PORT CHARLOTTE FL 33952**

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 \_\_\_\_\_

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

9. Election Campaign Financing Trust Fund Contribution.

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **TD**  
 STREET ADDRESS **POUNDS, LINDA**  
**575 FENTON AVE NW**  
 CITY-ST-ZIP **PT CHARLOTTE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **575 NW Fenton Ave**  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **P**  
 STREET ADDRESS **WALTERS, ROSEMARIE**  
**21000 MIDWAY**  
 CITY-ST-ZIP **PT CHARLOTTE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VPD**  
 STREET ADDRESS **SCHUBERT, ANN**  
**21269 COVINGTON**  
 CITY-ST-ZIP **PORT CHARLOTTE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **SD**  
 STREET ADDRESS **PACCIONE, GRETCHEN**  
**1793 BOCA RATON CT**  
 CITY-ST-ZIP **PT CHARLOTTE FL**

TITLE  Change  Addition  
 NAME **PACCIONE, GRETCHEN**  
 STREET ADDRESS **PUNTA GORDA, FL 33950**  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 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 empowerers.

**SIGNATURE:**

*Linda Pounds*

04/27/00 94-43-0987

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)