

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2001 8:00 am
Secretary of State

0070473

DOCUMENT # N30806

1. Entity Name

QUALITY CARE ADVOCATES, INC.

01-18-2001 90012 019 ****61.25

Principal Place of Business 575 NW FENTON AVE PORT CHARLOTTE FL 33952	Mailing Address PO BOX 2213 PORT CHARLOTTE FL 33949
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DO NOT WRITE IN THIS SPACE

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 65-0194891	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POUNDS, LINDA
575 NW FENTON AVE
PORT CHARLOTTE FL 33952

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.

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

TITLE	TD	<input type="checkbox"/> Delete
NAME	POUNDS, LINDA	
STREET ADDRESS	575 NW FENTON AVE	
CITY-ST-ZIP	PT CHARLOTTE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	WALTERS, ROSEMARIE	
STREET ADDRESS	21000 MIDWAY	
CITY-ST-ZIP	PT CHARLOTTE FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SCHUBERT, ANN	
STREET ADDRESS	21269 COVINGTON	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PACCIONE, GRETCHEN	
STREET ADDRESS	1793 BOCA RATON CT	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]* **01/10/01** **941/743-0987**

CR2E037 (10/00)