

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90019 024 \*\*\*\*61.25

**DOCUMENT # N30806**

1. Entity Name

**QUALITY CARE ADVOCATES, INC.**



Principal Place of Business

**575 NW FENTON AVE  
PORT CHARLOTTE FL 33952**

Mailing Address

**PO BOX 494224  
PORT CHARLOTTE FL 33949-4224**

**54038927**



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0194891**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$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. 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  
Due By May 1, 2004**

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

T/PD  
NAME POUNDS, LINDA  
STREET ADDRESS 575 NW FENTON AVE  
CITY-ST-ZIP PT CHARLOTTE FL ☐ Delete

P/D  
NAME GERACI, RON  
STREET ADDRESS 333 ORANGE DRIVE  
CITY-ST-ZIP PORT CHARLOTTE FL 33952 ☐ Delete

VP/D  
NAME WALTERS, ROSEMARIE  
STREET ADDRESS 23279 HAMLIN AVE  
CITY-ST-ZIP PORT CHARLOTTE FL 33980 ☒ Delete

SD  
NAME SVETOVICH, MICHAEL  
STREET ADDRESS 764 PHYLLYS  
CITY-ST-ZIP PORT CHARLOTTE FL 33948 ☐ Delete

DA  
NAME SCHUBERT, ANN J  
STREET ADDRESS 2509 RIO DE JANEIRO  
CITY-ST-ZIP PUNTA GORDA FL 33983 ☐ Delete

D  
NAME ROSS, BURTON  
STREET ADDRESS 2605 TAMIAHI TRAIL  
CITY-ST-ZIP PORT CHARLOTTE FL 33952 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

VP/D  
NAME JEANNE ANDERSON  
STREET ADDRESS 20101 PEACHLAND # 302  
CITY-ST-ZIP PORT CHARLOTTE, FL 33954 ☐ Change ☒ Addition

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

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

D  
NAME ERIC GURGOLD  
STREET ADDRESS 223 TAYLOR STREET  
CITY-ST-ZIP PUNTA GORDA, FL 33950 ☐ Change ☒ 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

VOICE

MAIL

*Eric Gurgold, Treasurer* 04/19/04 941-743-0987