

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000054143.

1. Entity Name

QUALITY MEDICAL SOLUTIONS, INC.

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90040 048 ***158.75

Principal Place of Business

6794 GREEN ISLAND CIR.
LAKE WORTH FL 33463

Mailing Address

6794 GREEN ISLAND CIR.
LAKE WORTH FL 33463

00037703



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16624 Royal Poinciana Dr
Suite, Apt. #, etc.

3. Mailing Address

16624 Royal Poinciana Dr
Suite, Apt. #, etc.

City & State

Weston FL

City & State

Weston FL

4. FEI Number

165-1018953

Applied For

Not Applicable

Zip

33326

Country

USA

Zip

33326

Country

USA

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

KINGSLEY, SUZETTE
6794 GREEN ISLAND CIR.
LAKE WORTH FL 33463

Name

Suzette Kingsley

Street Address (P.O. Box Number is not Acceptable)

16624 Royal Poinciana Dr.

City

Weston

FL

33326

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

Suzette Kingsley President

3/31/01

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME KINGSLEY, SUZETTE
STREET ADDRESS 6794 GREEN ISLAND CIR.
CITY-ST-ZIP LAKE WORTH FL 33463

☐ Delete

TITLE PD
NAME KINGSLEY, SUZETTE
STREET ADDRESS 16624 ROYAL POINCIANA DR
CITY-ST-ZIP WESTON, FL 33326

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Suzette Kingsley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/01

Date

954-385-8559

Daytime Phone #

CR2E034 (10/00)