2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 03, 2002 8:00 AM
Secretary of State

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Entity Name: QUALITY MEDICAL SOLUTIONS, INC.

Current Principal Place of Business:

16624 ROYAL PONCIANA DR
WESTON, FL 33326

New Principal Place of Business:

55 WESTON ROAD
SUITE 208
WESTON, FL 33326

Current Mailing Address:

16624 ROYAL PONCIANA DR
WESTON, FL 33326

New Mailing Address:

55 WESTON ROAD
SUITE 208
WESTON, FL 33326

FEI Number: 65-1018953 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KINGSLEY, SUZETTE
16624 ROYAL POINCIANA DR
WESTON, FL 33326

Name and Address of New Registered Agent:

KINGSLEY, SUZETTE
16530 LAKETREE DRIVE
WESTON, FL 33326

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: _____ 07/03/2002
Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KINGSLEY, SUZETTE
Address: 16624 ROYAL POINCIANA DR
City-St-Zip: WESTON, FL 33326

Title: S ( ) Delete
Name: FRADY, DIANE R
Address: 13830 APPALACHICA TRAIL
City-St-Zip: DAVIE, FL 33325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUZETTE KINGSLEY PD 07/03/2002
Electronic Signature of Signing Officer or Director — Date