

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000062546

1. Entity Name

QUALITY CARE MANAGEMENT SYSTEMS, INC.

FILED

Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90517 027 ***158.75

Principal Place of Business

15661 SW 85 TERRACE #224
MIAMI FL

Mailing Address

15661 SW 85 TERRACE #224
MIAMI FL

2. Principal Place of Business

13255 SW 137 Ave Ste 203

3. Mailing Address

13255 SW 137 Ave

Suite, Apt. #, etc.

Miami, Florida

Suite, Apt. #, etc.

Suite 203

City & State

33186 USA

City & State

Miami, Florida

Zip

Country

Zip

Country

33186

USA

4. FEI Number

65-1021103

Applied For

Not Applicable

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

NUGUID, RAMON T
15661 SW 85 TERRACE #224
MIAMI FL

Name

NUGUID, RAMON T.

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

16261 SW 97 TERRACE

City

MIAMI

FL

Zip Code

33196

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

RAMON T. NUGUID - PRESIDENT/CEO

RAMON T. NUGUID

02-01-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete
NAME	NUGUID, RAMON T	
STREET ADDRESS	15661 SW 85 TERRACE #224	
CITY-ST-ZIP	MIAMI FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	NUGUID, JUDITH M	
STREET ADDRESS	15661 SW 85 TERRACE #224	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMON T NUGUID	
STREET ADDRESS	16261 SW 97 TERRACE	
CITY-ST-ZIP	MIAMI FLORIDA 33196	
TITLE	VICE-PRESIDENT/CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FELICISIMA N. BRYANT	
STREET ADDRESS	11054 SW 148 Place	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	DIRECTOR-SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUDITH M. NUGUID	
STREET ADDRESS	16261 SW 97 Terrace	
CITY-ST-ZIP	Miami Florida 33196	
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		

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:

RAMON T NUGUID

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-01-01

305-234-0106

CR2E034 (10/00)