

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000062546

FILED
May 01, 2002 8:00 AM
Secretary of State

Entity Name: QUALITY CARE MANAGEMENT SYSTEMS, INC.

Current Principal Place of Business:

13255 SW 137 AVE.
STE 203
MIAMI, FL 33186

New Principal Place of Business:

16261 SW 97 TERRACE
MIAMI, FL 33196

Current Mailing Address:

13255 SW 137 AVE.
STE 203
MIAMI, FL 33186

New Mailing Address:

16261 SW 97 TERRACE
MIAMI, FL 33196

FEI Number: 65-1021103

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NUGUID, RAMON T
16261 SW 97 TERRACE
MIAMI, FL 33196

Name and Address of New Registered Agent:

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: _____

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: PC () Delete
Name: NUGUID, RAMON T
Address: 16261 SW 97 TERRACE
City-St-Zip: MIAMI, FL 33196

Title: DS () Delete
Name: NUGUID, JUDITH M
Address: 16261 SW 97 TERRACE
City-St-Zip: MIAMI, FL 33196

Title: VPC () Delete
Name: BRYANT, FELICISIMA N
Address: 16261 SW 97 TERRACE
City-St-Zip: MIAMI, FL 33196

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: RAMON T. NUGUID

PC

05/01/2002

Electronic Signature of Signing Officer or Director

Date