

2001 UNIFORM BUSINESS REPORT (UBR)

4/30

FILED
May 30, 2001 8:00 am
Secretary of State

04-30-2001 90120 009 ***150.00

DOCUMENT # P00000085115

1. Entity Name

QUALITY CARE PRACTITIONERS, INC.

Principal Place of Business

5273 SW 103RD LOOP
 OCALA FL 34476

Mailing Address

5273 SW 103RD LOOP
 OCALA FL 34476

2. Principal Place of Business

1601 NE 25TH AVE

Suite, Apt. #, etc.

SUITE #203

City & State

OCALA, FL

Zip

34470

Country

USA

3. Mailing Address

1601 NE 25TH AVE

Suite, Apt. #, etc.

SUITE #203

City & State

OCALA, FL

Zip

34470

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3670781

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LEE, STEVEN C

800 NORTH MAGNOLIA AVENUE SUITE 1500
 ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name

MICHAEL CRIMI, JR.

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

19039 SE 7TH AVE RD

City

OCALA

34480

Zip Code

34476

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

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

(NOTE: Registered Agent signature required when constituting)

DATE

5-01-01

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LAPE, JOHN F	
STREET ADDRESS	5273 SW 103RD LOOP	
CITY-ST-ZIP	OCALA FL 34476	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL CRIMI, JR	
STREET ADDRESS	9039 SE 7TH AVE RD	
CITY-ST-ZIP	OCALA, FL 34480	
TITLE		<input checked="" 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		
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:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01 (352)732-9988

Date

Daytime Phone #

CR2034 (10/00)