

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 MAY 16 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000099145

1. Entity Name

QUALITY HEALTH CONSULTANT INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14313 S W 45 Terrace

Suite, Apt. #, etc.

3. Mailing Address

14313 S W 45 Terrace

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-1048906

Applied For

Not Applicable

Zip

33175

Country

USA

Zip

33175

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

ZAPATA, NORHA

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

14313 S W 45 Terrace

City

MIAMI

FL

Zip Code
33175

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Norha Zapata

NORHA ZAPATA

04/27/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State.

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ZAPATA, NORHA
14313 S W 45 Terrace
MIAMI, FL 33175

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

500020779775
06/11/03--01053--020 **150.00

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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Norha Zapata

NORHA ZAPATA

04/27/3003

305-559-9216

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)