FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 10 AM 9:00
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DIVISION OF CORPORATIONS
95 MAR 10 AM 9:00

DOCUMENT # **P10605** **(4)**

1. Corporation Name
QUALITY MANAGEMENT, INC. OF NORTH CAROLINA

Principal Place of Business	Mailing Address
1101 TYVOLA ROAD CHARLOTTE NC 28217	1101 TYVOLA ROAD CHARLOTTE NC 28217

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/30/1986
3a. Date of Last Report: 03/10/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 56-1194680 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HAMMONS, THOMAS L
1965 GULF OF MEXICO DR
LONGBOAT KEY FL 33440

10. Name and Address of New Registered Agent

91 Name: RICHARD D SABA ESQ
92 Street Address (P.O. Box Number is Not Acceptable): 2033 Main STreet, Suite 303
93
94 City: Sarasota, FL FL 95 Zip Code: 34237

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Richard D. Saba 3/3/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	HAMMONS, THOMAS L.	1.2 NAME	
STREET ADDRESS	1965 GULF OF MEXICO DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL	1.4 CITY-ST-ZIP	
TITLE	AV	2.1 TITLE	☐ Change ☐ Addition
NAME	HAMMONS, NICOLE C.	2.2 NAME	
STREET ADDRESS	1965 GULF OF MEXICO DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	☐ Change ☐ Addition
NAME	BOGDOVITZ, MATTHEW	3.2 NAME	
STREET ADDRESS	1101 TYVOLA RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas L Hammons 2/14/95 704 525-1147
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR AGENT OR DIRECTOR — Date — Daytime Phone #

0307063 FP