

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 29 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P10605** (4)  
1. Corporation Name  
**QUALITY MANAGEMENT, INC. OF NORTH CAROLINA**



Principal Place of Business <b>1101 TYVOLA ROAD CHARLOTTE NC 28217</b>	Mailing Address <b>1101 TYVOLA ROAD CHARLOTTE NC 28217-3500</b>
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2. Principal Place of Business 21 <b>401 East Boulevard</b> Suite, Apt. #, etc. 22 <b>Suite 210</b> City & State 23 <b>Charlotte, NC</b> Zip 24 <b>28203</b>		2a. Mailing Address 26 <b>P. O. Box 37389</b> Suite, Apt. #, etc. 27 City & State 28 <b>Charlotte, NC</b> Zip 29 <b>28237-7389</b>		3. Date Incorporated or Qualified <b>06/30/1986</b>		3a. Date of Last Report <b>01/22/1996</b>	
Country 25 <b>USA</b>		Country 30 <b>USA</b>		4. FEI Number <b>56-1194680</b>		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>SABA, RICHARD D ESO 2033 MAIN STREET SUITE 303 SARASOTA FL 34239</b>				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	NAME	HAMMONS, THOMAS L.	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS			1985 GULF OF MEXICO DR	1.2 NAME			
CITY-ST-ZIP			LONGBOAT KEY FL	1.3 STREET ADDRESS		401 East Boulevard, Suite 210	
				1.4 CITY-ST-ZIP		Charlotte, NC 28203	
TITLE	AV	NAME	HAMMONS, NICOLE C.	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS			1985 GULF OF MEXICO DR	2.2 NAME			
CITY-ST-ZIP			LONGBOAT KEY FL	2.3 STREET ADDRESS		401 East Boulevard, Suite 210	
				2.4 CITY-ST-ZIP		Charlotte, NC 28203	
TITLE	ST	NAME	BOGDOWITZ, MATTHEW	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS			1101 TYVOLA RD	3.2 NAME			
CITY-ST-ZIP			CHARLOTTE NC	3.3 STREET ADDRESS		401 East Boulevard, Suite 210	
				3.4 CITY-ST-ZIP		Charlotte, NC 28203	
TITLE		NAME		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS				4.2 NAME			
CITY-ST-ZIP				4.3 STREET ADDRESS			
				4.4 CITY-ST-ZIP			
TITLE		NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS				5.2 NAME			
CITY-ST-ZIP				5.3 STREET ADDRESS			
				5.4 CITY-ST-ZIP			
TITLE		NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS				6.2 NAME			
CITY-ST-ZIP				6.3 STREET ADDRESS			
				6.4 CITY-ST-ZIP			

14. I do 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 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: Matthew J. Bogdovitz Matthew J. Bogdovitz 1/21/97 704-344-1147  
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)