FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUN 10 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000014347

1. Entity Name
FLORIDA MEDICAL
QUALITY ASSURANCE, INC.

DO NOT WRITE IN THIS SPACE

500021277235
07/02/03--01062--007 **558.75
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4350 W. Cypress Street	4350 W. Cypress Street
Suite, Apt. #, etc.: #900	Suite, Apt. #, etc.: #900
City & State: Tampa, Florida	City & State: Tampa, Florida
Zip: 33607 Country: USA	Zip: 33607 Country: USA

4. FEI Number: 59-3155017 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Logan Malone, Ed.D.
Street Address (P.O. Box Number is Not Acceptable): 4350 W. Cypress Street #900
City: Tampa FL Zip Code: 33607

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 _____ 6/9/03
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	CEO
NAME	Malone, Logan Ed.D
STREET ADDRESS	4350 W. Cypress St, #900
CITY-ST-ZIP	Tampa, Florida 33607
TITLE	Chairman
NAME	Stringer, Douglas L MD
STREET ADDRESS	4350 W. Cypress St. #900
CITY-ST-ZIP	Tampa, Florida 33607
TITLE	Vice-Chairman
NAME	Ashkar, Fuad MD
STREET ADDRESS	4350 W. Cypress St. #900
CITY-ST-ZIP	Tampa, Florida 33607
TITLE	Treasurer
NAME	Stoffel, Jack
STREET ADDRESS	4350 W. Cypress St. #900
CITY-ST-ZIP	Tampa, Florida 33607
TITLE	Secretary
NAME	Reep, Kathy
STREET ADDRESS	4350 W. Cypress St. #900
CITY-ST-ZIP	Tampa, Florida 33607
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/02)

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: Logan Malone 6/9/03 (813) 354-9111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Logan Malone, Ed.D.