2000 UNIFORM BUSINESS REPORT (UBR)

Apr 28, 2000 08:00 AM DOCUMENT # P9400006992 1. Entity Name **Secretary of State** QHP MANAGEMENT, INC. Principal Place of Business Mailing Address 455 DOUGLAS AVE 8725 SOUTH BAY DR #2155-26 ALTAMONTE SPRINGS ORLANDO FL 32714 32819 US 2. Principal Place of Business 3. Mailing Address 222 WEST COMSTOCK Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #214 City & State City & State 4. FEI Number Applied For WINTER PARK FL 59-3185081 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 32789 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BLANTON 8725 SOUTH BAY DR Street Address (P.O. Box Number is Not Acceptable) ORLANDO 32819 Zip Code 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. 04/28/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete X Change ☐ Addition BLANTON BILLY JOE NAME BLANTON BILLY JOE STREET ADDRESS 2600 MAITLAND CENTER PKWY STE 166 STREET ADDRESS 2600 MAITLAND CENTER PKWY STE 166 CITY-ST-ZIP MAITLAND \mathbf{FL} CITY-ST-ZIP MAITLAND \mathbf{FL} 32751 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME PAMELA H. BLANTON NAME STREET ADDRESS 8725 SOUTH BAY DR STREET ADDRESS CITY-ST-ZIF ORLANDO FI. 32819 CITY-ST-718 ☐ Delete TITLE TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/8

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.

CIONISTINE. DAMPIA II DIANTON

D 04/29/20

FILED