2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 28, 2001 8:00 am Secretary of State DOCUMENT # **P94000047088** Q.H. MANAGEMENT ASSOCIATES, INC. 02-28-2001 90021 017 ***150.00 Principal Place of Business Mailing Address 5800 OVERSEAS HIGHWAY 5800 OVERSEAS HIGHWAY **SUITE 35127** SUITE 35127 MARATHON FL 33050 MARATHON FL 33050 2. Principal Place of Business 3. Mailing Address 5409 Overseas Highway 5409 Overseas Highway Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #327 #327 City & State City & State 4. FEI Number Applied For 65-0503299 Marathon, FL Not Applicable Marathon, FL Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33050 USA 33050 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCHOLL, CATHY Street Address (P.O. Box Number is Not Acceptable) **5800 OVERSEAS HIGHWAY SUITE 35127** 5409 Overseas Highway, #327 MARATHON FL 33050 F Marathon, 33050 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. SIGNATURE (NOTE, Registered Agent signature required when reinstating) DATE FIAE NOW!!! FEE IS \$750.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be 2001 Feb Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 over seas Hwy. #327 CR2E034 (10/00) TITLE PD TITLE Addition ☐ Delete NAME SCHOLL, CATHY NAME STREET ADDRESS STREET ADDRESS 5800 OVERSEAS HIGHWAY, STE. 35127 narathon, CITY-ST-ZIP CITY-ST-ZIP MARATHON FL ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-712 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.

R PRINTED NAME OF SIGNING OFFICER O