2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 09, 2007 08:00 AM **DOCUMENT # P94000047088 Secretary of State** Q.H. MANAGEMENT ASSOCIATES, INC. Principal Place of Business Mailing Address **5409 OVERSEAS HIGHWAY 5409 OVERSEAS HIGHWAY** SUITE #\$327 SUITE #\$327 MARATHON, FL 33050 MARATHON, FL 33050 01102007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0503299 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCHOLL, CATHY DO NOT WRITE 368 EAS SEAVIEW DRIVE MARATHON, FL 33050 IN THIS SPACE 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. Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME SCHOLL, CATHY STREET ADDRESS 5409 OVERSEAS HWY #327 CITY-ST-ZIP MARATHON, FL 33050 TITLE NAME STREET ADDRESS 02/19/07-80024-005-150:00 CITY-ST-ZIP TITLE MA MAN WERE LAND WAS TO SERVE OF THE PARTY. NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME graph a speak of the second STREET ADDRESS Language of the transport of the first of th

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

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