

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90337 043 ***150.00

DOCUMENT # 295000036690
1. Entity Name
NINTEL CORP. D/B/A QUORSAI DIAGNOSTIC INSTITUTE

DO NOT WRITE IN THIS SPACE

B0131506

2. Principal Place of Business QUORSAI DIAGNOSTIC INSTITUTE
3. Mailing Address 3805 HENDERSON BLVD.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State TAMPA, FLORIDA
City & State TAMPA, FLORIDA
Zip 33629 **Country** USA
Zip 33629 **Country** USA

4. FEI Number **Applied For**
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name VICK TIPNES
Street Address (P.O. Box Number is Not Acceptable)
3805 HENDERSON BLVD.
City TAMPA **FL** **Zip Code** 33629

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 VICK TIPNES

Signature of principal named agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/19/02
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PRESIDENT	VICK TIPNES	3805 HENDERSON BLVD.	TAMPA FL 33629

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: VICK TIPNES

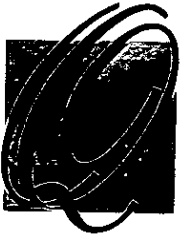
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/02 813-205-4198

Date

Daytime Phone #

CR2E034B (12/01)



QUORSAI
DIAGNOSTIC INSTITUTE

Where comfort and technology go hand in hand

Attachment

D#P9500036690
BD 31506

3805 Henderson Blvd.
Tampa, Florida 33629

Tel: (813) 639-1674

Fax: (813) 639-1613

www.quorsai.com

July 19, 2002

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Please be advised that Quorsai Diagnostic Institute has not received the UBR form to file with your division. After contacting your office regarding this manner, I was informed that your records showed an incorrect address and was told that upon providing the correct address on the attached UBR form, forms would be processed and the penalty fee waived.

Thank you for your assistance and cooperation in this matter.

Should you have any questions or concerns please do not hesitate to call me.

Thank you,

Vick C. Tipnes