


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 01, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90449 016 \*\*\*\*50.00  
06-01-2004 90001 002 \*\*\*100.00

<b>DOCUMENT # P95000036690</b> 1. Entity Name <b>NINTEL CORPORATION</b>	
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Principal Place of Business <b>QUORSAI DIAGNOSTIC INSTITUTE 3805 HENDERSON BLVD. TAMPA, FL 33629</b>	Mailing Address <b>QUORSAI DIAGNOSTIC INSTITUTE 3805 HENDERSON BLVD. TAMPA, FL 33629</b>
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04282004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3309414</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>TIPNES, VICK 3805 HENDERSON BLVD. TAMPA, FL 33629</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P TIPNES, VICK 3805 HENDERSON BLVD. TAMPA, FL 33629</b>
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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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>VICK TIPNES</b> DATE: <b>APR 30 2004</b> Daytime Phone: <b>877-676 6043</b>
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