

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000053639 (7)**

1. Corporation Name

QUALITY MEDICAL PLANS, INC.

Principal Place of Business

**7155 NW 179TH STREET STE 112
MIAMI FL 33015**

Mailing Address

**7155 NW 179TH STREET STE 112
MIAMI FL 33015**



2. Principal Place of Business

21 **4346 S.W. 70 Terrace**

Suite, Apt. #, etc.

22 City & State **Davie, Florida**

23 Zip **33314** Country **Broward**

2a. Mailing Address

26 **4346 S.W. 70 Terrace**

Suite, Apt. #, etc.

27 City & State **Davie, Florida**

28 Zip **33314** Country **Broward**

9. Name and Address of Current Registered Agent

**SHERMAN, KIM D
2400 EAST OAKLAND PARK BLVD.
FORT LAUDERDALE FL 33306**

3. Date Incorporated or Qualified

07/07/1995

3a. Date of Last Report

4. FEI Number

65-0593994

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution



**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE

Signature typed in printed name of new registered agent

Signature typed in printed name of new registered agent

Date

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **DUNNING, DAVID R**
STREET ADDRESS **7155 NW 179TH STREET STE 112**
CITY-ST-ZIP **MIAMI FL 33015**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **President** ☒ Change ☐ Addition
12 NAME **David R. Dunning**
13 STREET ADDRESS **4346 S.W. 70 Terrace**
14 CITY-ST-ZIP **Davie, FL 33314**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

**300001859703
-06/12/96--01043--030
***238.75**

06-11-96 OYE

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

David R. Dunning

David R. Dunning, President

6/5/96

954-474-2493

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CR2E034 (12/95)