2005 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000065176

1. Entity Name

QUALITY INSURANCE OF ORANGE PARK, INC.



FILED Apr 25, 2005 08:00 Al Secretary of State

Principal Place of Business

1728 KINGSLEY AVE

STE 199

ORANGE PARK, FL 32073 US

Mailing Address

POST OFFICE BOX 1374 ORANGE PARK, FL 32067

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3331714

01212005

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORGAN, III W 1728 KINGSLEY AVE STE 199 ORANGE PARK, FL 32073

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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					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY+ST-ZIP	PD MORGAN, WESLEY T III 1728 KINGSLEY AVE STE 199 ORANGE PARK, FL 32073				U00000327688 04/25/05-80048-011 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MORGAN, MARY C 1728 KINGSLEY AVE STE 199 ORANGE PARK, FL 32073				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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 1 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.					