SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # **P95000083263 (0)**

1. Corporation Name
QUALITAS HEALTH MANAGEMENT, INC.

Principal Place of Business
C/O SPENCER AND KLEIN, P.A.
STE. 1901, 801 BRICKELL AVE.
MIAMI FL 33131

Mailing Address
C/O SPENCER AND KLEIN, P.A.
STE. 1901, 801 BRICKELL AVE.
MIAMI FL 33131

3. Date Incorporated or Qualified: **10/26/1995**
3a. Date of Last Report:

2. Principal Place of Business (21)
Suite, Apt #, etc (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt #, etc (27)
City & State (28)
Zip (29) Country (30)

4. FEI Number: **65-0624802** 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

9. **Name and Address of Current Registered Agent**
KLEIN, BRENT D
801 BRICKELL AVE., STE. 1901
MIAMI FL 33131

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 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [illegible] DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	VALVERDE, FERNANDO J	1.2 NAME	
STREET ADDRESS	STE. 1901, 801 BRICKELL AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	VALVERDE, RENE	2.2 NAME	
STREET ADDRESS	STE. 1901, 801 BRICKELL AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	REDONDO, JOSE P	3.2 NAME	
STREET ADDRESS	STE. 1901, 801 BRICKELL AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: [signature] June 06, 1996 (305) 591-1919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Rene Valverde

CR2E034 (3/96)

0040735 CP