

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
 05-28-2002 91639 011 ***150.00

DOCUMENT # P95000085902

1. Entity Name

QUALITY HEALTH SERVICES, INC.

Principal Place of Business

107 CALDWELL DRIVE

APT. 290

BRANDON FL 33510-4213

Mailing Address

107 CALDWELL DRIVE

APT. 290

BRANDON FL 33510-4213

2. Principal Place of Business

1711 HERON COVE DR.

Suite, Apt. #, etc.

3. Mailing Address

1711 HERON COVE DR.

Suite, Apt. #, etc.

City & State

LUTZ FL.

City & State

LUTZ FL.

Zip

33549

Country

Zip

33549

Country

4. FEI Number

59-3365371

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEEKS, R.H.

1104 N. PARSONS AVENUE

SUITE E

BRANDON FL 33510

7. Name and Address of New Registered Agent

Name

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

804 CANOE CT.

City

BRANDON

FL

Zip Code

33510

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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 **PD** ☐ Delete
 NAME **GRIFFITHS, TY A**
 STREET ADDRESS **107 CALDWELL DRIVE, APT 290**
 CITY-ST-ZIP **BRANDON FL 33510**

TITLE **VPS** ☐ Delete
 NAME **GRIFFITHS, JENNIFER L**
 STREET ADDRESS **107 CALDWELL DRIVE, APT 290**
 CITY-ST-ZIP **BRANDON FL 33510**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1711 HERON COVE DR.**
 CITY-ST-ZIP **LUTZ, FL 33549-9379**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1711 HERON COVE DR.**
 CITY-ST-ZIP **LUTZ, FL 33549-9379**

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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-02

Date

Daytime Phone #

CR2E034 (9/01)