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Jun 09, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000024314

1. Corporation Name

QUANTUM MEDICAL MANAGEMENT, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
C/O KTO&S REGISTERED AGENT CORPORATION
100 S.E. 2ND STREET, 28TH FLOOR
MIAMI FL 33131

Mailing Address
C/O KTO&S REGISTERED AGENT CORPORATION
100 S.E. 2ND STREET, 28TH FLOOR
MIAMI FL 33131

2. Principal Place of Business
21 201 S. Biscayne Blvd.
Suite, Apt. #, etc.
22 Suite # 2000
City & State
23 Miami, FL
Zip Country
24 33131 25

2a. Mailing Address
26 201 S. Biscayne Blvd.
Suite, Apt. #, etc.
27 Suite # 2000
City & State
28 Miami, FL
Zip Country
29 33131 30

3. Date Incorporated or Qualified

03/15/1996

4. FEI Number

65-0695520

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KTO&S REGISTERED AGENT CORPORATION-
C/O KTO&S REGISTERED AGENT CORPORATION
100 S.E. 2ND STREET, 28TH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
Marc H. Querbach Esq.
82 Street Address (P.O. Box Number is Not Acceptable)
201 S. Biscayne Blvd.
83 #2000
84 City
miami FL 85 Zip Code
33131

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
SCHNUR, STEVEN A MD
1601 N. PALM AVENUE
PAMBROKE PINES FL 33026

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
GASSO, JULIUS MD
1601 N. PALM AVENUE
PEMBROKE PINES FL 33026

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)