

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2003 8:00 am
Secretary of State

05-08-2003 90175 036 ***550.00

DOCUMENT # P96000040169

1. Entity Name
QUALITY CARE MISCELLANEOUS, INC.



Principal Place of Business
**7909 HATHAWAY CIR
NEW PORT RICHEY FL 34654
US**

Mailing Address
**7909 HATHAWAY CIR
NEW PORT RICHEY FL 34654
US**

44003605

2. Principal Place of Business
2519 McMullen Booth Rd 3. Mailing Address
2519 McMullen Booth Rd

Suite, Apt. #, etc.
510-142

Suite, Apt. #, etc.
510-142

City & State
Clearwater FL

City & State
Clearwater FL

Zip
33761

Country
Pineellas

Zip
33761

Country
Pineellas

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3380720**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FISCHER, ANGELA C
7909 HATHAWAY CIR
NEW PORT RICHEY FL 34654**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO FISCHER, ANGELA C 7909 HATHAWAY CIR NEW PORT RICHEY FL 34654	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Angela Fischer **Angela Fischer** **6-3-03** **727-4465988**
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2034 (10/02)