2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jun 03, 2002 8:00 am Secretary of State **DOCUMENT #** P96000041450 1. Entity Name 05-13-2002 90075 042 ***150.00 QUALITY OF LIFE HOME HEALTH STAFFING, INC. Principal Place of Business Mailing Address 750 STARKEY ROAD STE 101 750 STARKEY ROAD STE 101 LARGO FL 33771 LARGO FL 34641 Principal Place of Business 235 Own Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-3384250 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent --MOSES, MICHAEL 750 STARKEY ROAD STE 101 LARGO FL 33771 City 8. The above named entity sub hits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE . 9. This corporation is aligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Make Check Payable to Department of State Trust Fund Contribution. Added to Fee 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE MOSES, MICHAEL J II (9/01) ☐ Addition NAME STREET ADDRESS 750 STARKEY ROAD STE 101 STREET ADORESS CITY-ST-ZIP LARGO FL 34841 CITY-ST-ZIP TITLE Oclete TITLE Change NAME PAGGEOT, REX Addition NAME STREET ADORESS 750 STARKEY RD Road STREET ADDRESS CITY-ST-ZIP **LARGO FL 34841** CITY-SI-7P TITLE ☐ Delete TITLE NAME ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ■ Addition NAME STREET ANDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Oelete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-719 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

JAMES & HEEMA

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DE

FILED