

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000006342

1. Entity Name

QUALITY PHYSICIAN SERVICES, INC.

Principal Place of Business

Mailing Address

9035 TOURNAMENT DR  
HUDSON FL 34667  
US

P.O. BOX 5116  
HUDSON FL 34674  
US

2. Principal Place of Business

3. Mailing Address

9035 -Tournament Dr  
Suite, Apt. #, etc.

9035 Tournament Dr  
Suite, Apt. #, etc.

City & State

City & State

Hudson

Hudson, FL

4. FEI Number

59-3419444

Applied For

Not Applicable

34667

Country

Zip

Country

FL

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HELMUTH, MELANIE J  
71 LAKE SHORE DR  
PALM HARBOR FL 34684

Name  
~~QUALITY PHYSICIAN SERVICES, INC.~~

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

~~9035 TOURNAMENT DR~~

City

~~Hudson~~

FL

Zip Code

~~34667~~

same as previously filed. Sorry for the error

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 fee if applicable.

(NOTE: Registered Agent signature required when resigning)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
HELMUTH, MELANIE J.  
9035 TOURNAMENT DR  
HUDSON FL 34667

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
COPE, MELANIE J.  
9035-TOURNAMENT DRIVE  
HUDSON, FL 34667

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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Change Addition

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Change Addition

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CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change Addition

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: *Melanie J. Cope*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/01 (727) 812-2284

Date

Daytime Phone #

CR2E034 (10/00)

FILED  
Jun 06, 2001 8:00 am  
Secretary of State

04-24-2001 90287 003 \*\*\*150.00

0829



DO NOT WRITE IN THIS SPACE