

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90296 017 ***150.00

DOCUMENT # P97000075906

1. Entity Name
QUALITY CARE NETWORK, INC.



Principal Place of Business
**13499 BISCAYNE BLVD. #101
NORTH MIAMI FL 33181**

Mailing Address
**13499 BISCAYNE BLVD. #101
NORTH MIAMI FL 33181**



2. Principal Place of Business
**13499 Biscayne BLVD
Suite, Apt. #, etc.
#106**

3. Mailing Address
**13499 Biscayne BLVD
Suite, Apt. #, etc.
#106**

☐ CHECK HERE IF MAKING CHANGES

City & State
North Miami, FL
Zip
33181

City & State
North Miami, FL
Zip
33181

4. FEI Number
65-0785945

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MACLI, ANTONIO A
13499 BISCAYNE BLVD
SUITE 201
N MIAMI FL 33181**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) 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
**PCCO
MACLI, ANTONIO A
13499 BISCAYNE BLVD #102
MIAMI FL 33181** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
13499 Biscayne BLVD #106 ☒ 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 ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/08/03 305-947-0090
Date Daytime Phone #

CR2E034 (10/02)