

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 22, 1999 8:00 am  
Secretary of State

03-22-1999 90081 021 \*\*\*150.00

DOCUMENT # P97000098391

1. Corporation Name

QUALITY CAPITATION, INC.



Principal Place of Business

201 S BISCAYNE BLVD 10TH FL  
MIAMI FL 33131

Mailing Address

201 S BISCAYNE BLVD 10TH FL  
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/18/1997

4. FEI Number

65-0829369

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

2. Principal Place of Business

21 7061 Cypress Road

Suite, Apt. #, etc.

22 Suite 104

City & State

23 PLANTATION FL

Zip

24 33317

Country

25 USA

2a. Mailing Address

26 7061 Cypress Road

Suite, Apt. #, etc.

27 Suite 104

City & State

28 PLANTATION FL

Zip

29 33317

Country

30 USA

9. Name and Address of Current Registered Agent

WEIL, KENNETH J

201 S BISCAYNE BLVD 10TH FL  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

LAWRENCE R. SPIRA M.D.

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

83

7061 Cypress Road Suite 104

84 City

PLANTATION

FL

85 Zip Code

33317

11. Pursuant to the provisions of Sections 607.0502 and 607.1408, 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

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

(NOTE: Registered Agent signature required when reinstating)

3/10/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
STREET ADDRESS WELTERS, ANTHONY  
CITY-ST-ZIP 8045 LEESBURG PIKE, SUITE 650  
VIENNA VA 22182

TITLE ☐ DELETE

NAME VPT  
STREET ADDRESS SPIRA, LAWRENCE R MD  
CITY-ST-ZIP 7061 CYPRESS ROAD, SUITE 104  
PLANTATION FL 33317

TITLE ☐ DELETE

NAME SD  
STREET ADDRESS PERLMAN, CLIFFORD  
CITY-ST-ZIP 11111 BISCAYNE BLVD  
MIAMI FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 #

3/10/99 954-474-7701

CR2E034 (11/98)