

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90036 018 \*\*\*150.00

DOCUMENT # P97000103092  
1. Entity Name  
THE QUALITY NETWORK, INC

B0058834

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
4075 CAPITOL DR.  
Suite, Apt. #, etc.

3. Mailing Address  
SAME  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
PALM HARBOR, FL

City & State  
PALM HARBOR, FL

4. FEI Number  
59-3483807

Applied For  
 Not Applicable

Zip  
34685

Country  
FLORIDA

Zip  
34685

Country  
FLORIDA

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
IRVING DETORO

Street Address (P.O. Box Number is Not Acceptable)  
4075 CAPITOL DR.

City  
PALM HARBOR FL Zip Code  
34685

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PRESIDENT IRVING DETORO 4075 CAPITOL DR. PALM HARBOR, FL 34685</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>SEC. TREAS. EVELYN V DETORO 4075 CAPITOL DR. PALM HARBOR, FL 34685</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: EVELYN V. DETORO Evelyn V Detoro 3/10/02 727 789-3333  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #