

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**  
 03-02-2000 90013 001 \*\*\*150.00

**DOCUMENT # P99000043504**

1. Entity Name  
**QUANTUM HEALTHCARE RECOVERY SERVICES, INC.**

Principal Place of Business      Mailing Address  
 --- KEY VIZCAYA COURT      17181 KEY VIZCAYA COURT  
 --- MYERS FL 33908      FORT MYERS FL 33908-5003

816450



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
 65-0975401      Not Applicable

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

6. Name and Address of Current Registered Agent  
 COLEMAN, CARL JOSEPH ESQUIRE  
 2201 SECOND STREET, 5TH FLOOR  
 FORT MYERS FL 33901

7. Name and Address of New Registered Agent  
 Name      HAROLD RODNEY HANSEN  
 Street Address (P.O. Box Number is Not Acceptable)  
 17181 Key Vizcaya Court  
 City      Fort Myers      FL      Zip Code      33908

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: Harold Rodney Hansen      DATE: 2-23-2000  
 HAROLD RODNEY HANSEN, REGISTERED AGENT

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.      ☐      **FILE NOW!!! FEE IS \$150.00**  
 (See criteria on back)      **After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing      \$5.00 May Be Added to Fees  
 Trust Fund Contribution.      ☐

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSEN, HAROLD RODNEY		NAME		
STREET ADDRESS	17181 KEY VIZCAYA COURT		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33908		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAEFFER, TINA M		NAME		
STREET ADDRESS	1229 SUNLAND ROAD		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL 32114		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			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 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: Harold Rodney Hansen      DATE: 2-23-2000      DAYTIME PHONE #: 941 590-6303  
 HAROLD RODNEY HANSEN, PRESIDENT

CR2E034 (9/99)