

P99000049364

Pamela M. Phillips, RN, CIC  
Quality Care Consultations, Inc.  
2926 Black Creek Dr.  
Middleburg, FL 32068

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

RD Change  
T. Lewis 3/18/04

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Quality Care Consultations, Inc.  
(Name of corporation)

DOCUMENT NUMBER: A99000049364

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amela M. Phillips  
(Name of person)

Quality Care Consultations, Inc.  
(Name of firm/company)

2926 Black Creek Dr  
(Address)

Middleburg, FL 32068  
(City/state and zip code)

For further information concerning this matter, please call:

Amela M. Phillips  
(Name of person)

at ( 904 ) 291-0342  
(Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

March 10, 2004

PAMELA M. PHILLIPS, RN, CIC  
QUALITY CARE CONSULTATIONS, INC.  
2926 BLACK CREEK DR.  
MIDDLEBURG, FL 32068

SUBJECT: QUALITY CARE CONSULTATIONS, INC.  
Ref. Number: P99000049364

We have received your document for QUALITY CARE CONSULTATIONS, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent needs to sign in the space provided acknowledging the change of address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis  
Document Specialist Supervisor

Letter Number: 504A00016058

*3/16/04  
Enclosed w/  
signature*

RECEIVED  
04 MAR 17 AM 9:54  
DIVISION OF CORPORATIONS

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Quality Care Consultations, Inc  
2. The principal office address: 2926 Black Creek Dr.  
Middleburg, FL 32068  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: May 20, 1999 Document number: A99000049364

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Leonard Atterman, Esquire  
9116 Cypress Green Dr, Suite 207  
Jacksonville, FL 32256

6. The name and street address of the new ~~registered agent~~ (if changed) and/or registered office (if changed):

Leonard Atterman, Esquire  
9218 Cypress Green Dr., Suite 11  
(P.O. Box or personal mailbox NOT acceptable)  
Jacksonville, FL 32256

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TALLAHASSEE, FL  
SECRETARY OF STATE

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Pamela M. Phillips  
(Signature of an officer or director)

Pamela M. Phillips  
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Leonard Atterman  
(Signature of Registered Agent)

3/16/04  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314