2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 09, 2002 8:00 am Secretary of State DOCUMENT # P99000064138 1. Entity Name QUALITY MANAGEMENT GROUP, INC. 05-09-2002 90047 029 ***150.00 Principal Place of Business Mailing Address 19236 BAY LEAF COURT 19236 BAY LEAF COURT **BOCA RATON FL 33498 BOCA RATON FL 33498** 2. Principal Place of Business 970878 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Boca Raton 4. FEI Number Applied For 65-0034579 Not Applicable Zin Country Raim Beach \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 City 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. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD ☐ Delete TITLE ☐ Addition NAME SKARECKI, ROBERT G SR. NAME STREET ADDRESS 19236 BAY LEAF COURT STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33498** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SKARECKI, MARY K NAME NAME STREET ADDRESS 19236 BAY LEAF COURT STREET ADDRESS **BOCA RATON FL 33498** CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SKARECKI, RALPH V NAME STREET ADDRESS 19236 BAY LEAF COURT STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33498** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SKARECKI, NICHOLAS A NAME STREET ADDRESS 19236 BAY LEAF COURT STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33498** CITY-ST-7/P ☐ Delete TITLE ☐ Change ☐ Addition SKARECKI, MARY R NAME STREET ADDRESS 19236 BAY LEAF COURT STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33498** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE 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 changed, or on an attachmen with I reduces with Al other like empowered. SIGNATURE: TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #