2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900064884

1. Entity Name

QUALITY VERSATILE MEDICAL CORPORATION

FILED Apr 19, 2001 8:00 am Secretary of State 04-19-2001 90093 037 ***150.00

Principal Plac	ce of Business		Mailing Address									
22 E ALFRED STREET. SUITE 1 AVARES FL 32778				122 E ALFRED STREET. SUITE 1				ē	วปบอ	Ü	4	
2. Principal F	Place of Busine	ss	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite Apt # ete			1 10011601 110			•••••		111 8181 1881
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & State			City & State			4. F	4. FEI Number 59-3595862				Applied For Not Applicable	
Zip Country			Zip	Zip Country			Certificate of	Status Desired	a 🗆		3.75 Ad e Require	ditional
	6. Name a	nd Address of Curren	t Registered Agent			7. N	lame and A	ddress of Nev	v Registere	d Age	∍nt	
		.=			Name							
122 E	NER, FREDER E ALFRED ST NRES FL 3277	reet, suite 1			Street Addres	s (P.O. B	ox Number i	s Not Accepta	ible)			
,,,,,	and it serr	•			City				F	L	Zip Cod	le
8. The above	named entity s	ubmits this statement t	or the purpose of changir	na its reaistere	ed office or regis	tered age	ent, or both	in the State of		!		
SIGNATURE _			or the purpose or ontarigin	ng no rogidion	a omes or regio	iorod age	one, or boun,	, and didicion	i ionaa.			
	20: 2											
	Signature, typed or p	orinted name of registered agen	t and title if applicable.	(NOTE: Registered	d Agent signature requi	ired when rei	instating)		DATE			
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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 life empowered.

SIGNATURE: