

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90018 037 ***150.00

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DOCUMENT # P99000068936

1. Entity Name
Q.T. MEDICAL SERVICES, INC.

Principal Place of Business
334 EAST LAKE ROAD. #308
PALM HARBOR FL 34685

Mailing Address
334 EAST LAKE ROAD. #308
PALM HARBOR FL 34685



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3590951**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIMARCO, ROBERT
3444 EAST LAKE RD
SUITE 412
PALM HARBOR FL 34685

Name

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

City

FL

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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVD** ☐ Delete
 NAME **JOHNSON, FREDERICK**
 STREET ADDRESS **390 WOODS LANDING TRAIL**
 CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE **PVD** ☒ Change ☐ Addition
 NAME **JOHNSON, FREDERICK**
 STREET ADDRESS **524 CYPRESS BEND**
 CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE **ST** ☐ Delete
 NAME **ALLARDE-JOHNSON, LISA**
 STREET ADDRESS **390 WOODS LANDING TRAIL**
 CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE **ST** ☒ Change ☐ Addition
 NAME **ALLARDE-JOHNSON, LISA**
 STREET ADDRESS **524 CYPRESS BEND**
 CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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: Lisa Allarde-Johnson **LISA ALLARDE-JOHNSON** 2/11/02
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **813 8141822**

CR2E034 (9/01)