

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S63660

1. Entity Name
QHC, CORP.

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90057 037 ***150.00

Principal Place of Business
2263 W. HILLSBORO BLVD.
DEERFIELD BCH FL 33442
US

Mailing Address
2263 W HILLSBORO BLVD
DEERFIELD BCH FL 33442
US

80067114



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0269543

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CANTOR, SAMUEL J
6700 BROKEN SOUND PKWY NW
STE 200
BOCA RATON FL 33486

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

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 Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 D ☐ Delete
NAME ROSE, S
STREET ADDRESS 2717 W CYPRESS CREEK RD
CITY-ST-ZIP FT LAUD FL 33309

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ~~XXX~~ Delete
NAME STICKLES, PHILIP
STREET ADDRESS 2717 W CYPRESS CREEK RD
CITY-ST-ZIP FT LAUD FL 33309

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ~~XXX~~ Delete
NAME ROGERS, CHRISTINE
STREET ADDRESS 2717 W CYPRESS CREEK RD
CITY-ST-ZIP FT LAUD FL 3330

TITLE D ☐ Change ~~XXX~~ Addition
NAME Angela Clark
STREET ADDRESS 2717 W Cypress Creek Rd
CITY-ST-ZIP Ft Lauderdale, FL 33309

TITLE ~~XXX~~ ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ~~XXX~~ Addition
NAME Karen Hood
STREET ADDRESS 2717 W Cypress Creek Rd
CITY-ST-ZIP Ft Lauderdale, FL 33309

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ~~XXX~~ Addition
NAME Angel Velazquez
STREET ADDRESS 2717 W Cypress Creek RD
CITY-ST-ZIP Ft Lauderdale, FL 33309

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: *Karen Hood, CFO* Karen Hood, CFO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/01
Date

(954) 969-9509
Daytime Phone #

CR2E034 (10/00)