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SECRETARY OF STATE, FLORIDA

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S75202 (9)

1. Corporation Name
MEDICAL QUALITY FOUNDATION, INC.

700001412957
-02/23/95--01010--015
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3229 FLAGLER AVE #107 KEY WEST FL 33040 US	3229 FLAGLER AVE #107 KEY WEST FL 33040 US

3. Date Incorporated or Qualified: 08/21/1991
3a. Date of Last Report: 04/25/1994

2. Principal Place of Business	2a. Mailing Address
21 P.O. BOX 420843	26 P.O. BOX 420843
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 SUMMERLAND KEY FL	City & State 28 SUMMERLAND KEY FL
Zip 24 33042 Country 25	Zip 29 33042 Country 30

4. FEI Number: 65-0281096 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SEIBER, NETA L
9705 OVERSEAS HWY
MARATHON FL 33050

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	~~JACOBS, FAYE~~ Susan Jacobs
STREET ADDRESS	~~ROUTE #2, BOX 642E~~ 16540 Old State Road 4-a
CITY ST ZIP	~~SUMMERLAND KEY FL~~ Summerland Key FL 33042
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	16540 Old State Road 4-a	☒ Change ☐ Addition
1 2 NAME	Summerland Key FL 33042	
1 3 STREET ADDRESS	~~P.O. BOX 420843~~	
1 4 CITY ST ZIP	~~SUMMERLAND KEY FL 33042~~	
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY ST ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY ST ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY ST ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY ST ZIP		
6 1 TITLE	Jeld	☐ Change ☐ Addition
6 2 NAME	2-22	
6 3 STREET ADDRESS		
6 4 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Susan Pres. 1-31-95 305-745-4080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Susan Jacobs
Date — Daytime Phone #

0100084 CF