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PROFIT CORPORATION -ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V29940

1. Corporation Name

QPI - QUALITY PRACTITIONERS U.S., INC.

				·			
Principal Place	e of Business	Mailing Address		•			
9974 INDIAN KE		9974 INDIAN KEY	TRAIL				
SEMINOLE FL 33776			SUITE 2		DO NOT WRITE	IN THIS SPACE	
US		SEMINOLE FL 337 US	//6			3. Date Incorporated or Qualified	
	•	00				04/16/1992	
2 Principal Di	lace of Business	2a. Mailing Addr			,	4. FEI Number	Applied For
<u> </u>	lace of pasifiess	26. Walking Addi	0 33			NOT APPLICABLE	Not Applicable
Suite, Apt.	# etc	Suite, Apt. #,	etc				\$8.75 Additional
	w, 6tc.	27	,			5. Certifcate of Status Desired L	Fee Required
22 City & State	مستعبرة والمستعبرة والمستعبرة والمستعبرة والمستعبدة والمستعبد والمستعبدة والمستعبد	City & State	د سیستیدی	~ . .	:	6. Election Campaign Financing	\$5.00 May Be
23	-	28				Trust Fund Contribution	Added to Fees
Zip	Country	Zip		Country		8. This corporation owes the current	year Intangible
24	25	29	30	1		Personal Property Tax.	☐ Yes ☐ No
24[9. Name and Address of Curr					10. Name and Address of New Reg	istered Agent
				81	Name		
WEY	LIE, WALLACE J.D.			100	200014	Iday (D.O. Day Number is Not Accortable	
350 (GULF BLVD.			82	Street A	ddress (P.O. Box Number is Not Acceptable	")
INDIA	AN ROCKS BEACH FL 34635			83			
<i>.</i>				L			
				84	City		FL 85 Zip Code
	the service of Sections 607.6	3502 and 607 1509 Flori	ido Statutos 1	the above	a-named co	orporation submits this statement for the pur	mose of changing its registered
office or re	anistered anent or hoth in the Sta	ate of Florida. Such chan	ide was autho	nzea ov	the corpor	ation's board of directors. I hereby accept the	ne appointment as registered
agent. I a	m familiar with, and accept the obl	igations of, Section 607.	0505, Florida	Statutes		•	
SIGNATURE							DATE
	Signature, typed or printed name of registered	AND DIRECTORS	(NOTE: Reg	13.	n signature req	uired when reinstating) ADDITIONS/CHANGES TO OFFIC	
12.	OFFICERS						
TITLE	ר ה י		ELETE			ADDITIONS/CHANGES TO CITTO	☐ Change ☐ Addition
	P CHARLES END		ELETE	1.1 TITLE		ADDITIONS/CHANGES TO GITTO	
NAME	MCROBERT, CHARLES FOR		ELETE	1.1 TITLE 1.2 NAME	* ADDRESS	ADDITIONS/CITANGES TO CITTO	
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14. 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 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 ap attackment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP