## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000008724

Entity Name: FORENSIC QUALITY SERVICES, INC.

FILED Apr 14, 2009 Secretary of State

13575 58TH ST NORTH, SUITE 153 CLEARWATER, FL 33760

Current Mailing Address: New Mailing Address:

13575 58TH ST NORTH, SUITE 153 CLEARWATER, FL 33760

FEI Number: 20-0385856 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

F&L CORP ONE INDEPENDENT DRIVE SUITE 1300 JACKSONVILLE, FL 32202 US

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:

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD
 ( ) Delete
 Title:
 DIR
 (X) Change ( ) Addition

 Name:
 PERILLO, BENJAMIN
 Name:
 PERILLO, BENJAMIN

 Address:
 7881 114TH AVE, N.
 Address:
 13575 58TH ST. N, STE 153

 City-St-Zip:
 LARGO, FL 33773
 City-St-Zip:
 CLEARWATER, FL 33760

Title: SD () Delete Title: (X) Change ( ) Addition EISENBERG, ARTHUR Name: Name: EISENBERG, ARTHUR Address: 7881 114TH AVE. N. Address: 13575 58TH ST. N. STE 153 City-St-Zip: LARGO, FL 33773 City-St-Zip: CLEARWATER, FL 33760

Title: TD () Delete Title: DIR (X) Change () Addition Name: VALADEZ, MANUEL Name: LEE, KATHY

Address: 7881 114TH AVE, N. Address: 13575 58TH ST. N, STE 153
City-St-Zip: LARGO, FL 33773 City-St-Zip: CLEARWATER, FL 33760

Title: ( ) Delete Title: DIR ( ) Change (X) Addition Name: Name: TILSTONE, WILLIAM

 Address:
 Address:
 13575 58TH ST. N, STE 153

 City-St-Zip:
 City-St-Zip:
 CLEARWATER, FL 33760

Name: Name: SINHA, SUDHIR

 Address:
 Address:
 13575 58TH ST. N, STE 153

 City-St-Zip:
 City-St-Zip:
 CLEARWATER, FL 33760

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICKIE HOLM MGR 04/14/2009