

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000065671

FILED
Mar 31, 2011
Secretary of State

Entity Name: QUALITY HEALTH CARE TRAINING ACADEMY INC.

Current Principal Place of Business:

6513 14ST WEST
SUITE 103
BRADENTON, FL 34207 US

New Principal Place of Business:

Current Mailing Address:

6513 14TH ST WEST
SUITE 103
BRADENTON, FL 34207 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BARNES, LORI
6513 14TH ST WEST
103
BRADENTON, FL 34207 US

Name and Address of New Registered Agent:

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:

Title: P
Name: BARNES, LORI
Address: 6513 14TH STREET WEST SUITE 103
City-St-Zip: BRADENTON, FL 34207 US

Title: VP
Name: BARNES, ROBERT A
Address: 6513 14TH STREET WEST SUITE103
City-St-Zip: BRADENTON, FL 34207 US

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LORI BARNES

OWNE

03/31/2011

Electronic Signature of Signing Officer or Director

Date