

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000034645

**Entity Name:** QUANTUM BIOPHYSICS INC.

**Current Principal Place of Business:**

904 WEST WATERS AVE  
SUITE D  
TAMPA, FL 33604

**FILED**  
**Jan 26, 2013**  
**Secretary of State**  
**CC8089802970**

**Current Mailing Address:**

904 WEST WATERS AVE  
SUITE D  
TAMPA, FL 33604

**FEI Number: 38-3812907**

**Certificate of Status Desired: No**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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

**Officer/Director Detail :**

Title PSTD  
Name GILSON, THEODORE R  
Address 904 WEST WATERS AVE, SUITE D  
City-State-Zip: TAMPA FL 33604

Title VP, D  
Name DAVIS, CONNIE  
Address 904 WEST WATERS AVE SUITE D  
City-State-Zip: TAMPA FL 33604

Title VP, D  
Name SAINES, CHERYL  
Address 904 WEST WATERS AVE  
SUITE D  
City-State-Zip: TAMPA FL 33604

Title DEACON, DIRECTOR  
Name ERVOLINO, JOHN  
Address 904 WEST WATERS AVE  
SUITE D  
City-State-Zip: TAMPA FL 33604

*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: THEODORE R. GILSON**

**PRESIDENT**

**01/26/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date