2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 05, 2006 08:00 Al Secretary of State DOCUMENT # F02000004481 HQME MEDICAL SOLUTIONS, INC. Mailing Address Principal Place of Business 2200 CLINTON AVENUE 1580 SPARKMAN DRIVE HUNTSVILLE, AL 35805 SUITE 201 HUNTSVILLE, AL 35805 No Chg-P CR2E034 (11/05) 04272006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 63-1214846 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SANDERS, GREG DO NOT WRITE P.O. BOX 18515 HUNTSVILLE, AL, FL 35804 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS **CPVS** TITLE SANDERS, GREGORY C NAME P.O. BOX 18515 STREET ADDRESS CITY-ST-ZIP HUNTSVILLE, AL 35805 U00000562640 05/19/06-80063-807 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET AODRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE; JESON CONSON GREGELY C. SANDERS PORSIDENT 04/39/06 533-400