

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000002215

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** QTC MEDICAL GROUP, INC., A MEDICAL CORPORATION

**Current Principal Place of Business:**

21700 COPLEY DRIVE STE 200  
DIAMOND BAR, CA 91765

**New Principal Place of Business:**

**Current Mailing Address:**

21700 COPLEY DRIVE STE 200  
DIAMOND BAR, CA 91765

**New Mailing Address:**

**FEI Number:** 95-3945919

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** DPT  
**Name:** MOORE, ROBERT MD  
**Address:** 21700 COPLEY DRIVE STE 200  
**City-St-Zip:** DIAMOND BAR, CA 91765

**Title:** DVS  
**Name:** LEE, JAMES MD  
**Address:** 21700 COPLEY DRIVE STE 200  
**City-St-Zip:** DIAMOND BAR, CA 91765

**Title:** DO  
**Name:** TAMIRY, JAMSHID MD  
**Address:** 21700 COPLEY DRIVE STE 200  
**City-St-Zip:** DIAMOND BAR, CA 91765

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:** PETER HARKER

CFO

05/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date