

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G40803

FILED
Feb 24, 2008
Secretary of State

Entity Name: QUALITY MANAGED HEALTH CARE, INC.

Current Principal Place of Business:

141 SW 125 AVE
PLANTATION, FL 33325 US

New Principal Place of Business:

Current Mailing Address:

2240 NE 202 ST
MIAMI, FL 33180 US

New Mailing Address:

FEI Number: 65-0241746

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HYDE, SUSAN M.
2240 NE. 202 ST.
MIAMI, FL 33180 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GENTILE, JOHN
Address: 8056 S.W. 81 DRIVE
City-St-Zip: MIAMI, FL

Title: SD () Delete
Name: LEON, PHIL
Address: 141 SW 125 AVE
City-St-Zip: PLANTATION, FL 33325

Title: TD () Delete
Name: HYDE, THOMAS
Address: 2240 N.E. 202 STREET
City-St-Zip: N. MIAMI, FL 33180

Title: D () Delete
Name: SCOTT, RONALD
Address: 9245 S.W. 158 LANE #302
City-St-Zip: PALMETTO BAY, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: THOMAS HYDE

TD

02/24/2008

Electronic Signature of Signing Officer or Director

Date