

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000079849

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: HY QUALITY BUSINESS SERVICES, LLC

**Current Principal Place of Business:**

17 SE MARTIN LUTHER KING JR BLVD  
STE 100  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

6855 SE TWIN OAKS CIR  
STUART, FL 34997

**New Mailing Address:**

FEI Number: 26-3175220

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MEDICAL IT MANAGEMENT LLC  
17 SE MARTIN LUTHER KING JR BLVD  
STE 100  
STUART, FL 34994 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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HUGHES, KELLY B  
Address: 6855 SE TWIN OAKS CIR  
City-St-Zip: STUART, FL 34997

Title: MGRM ( ) Delete  
Name: YATES, JILL  
Address: 2222 SE SHIPPING RD  
City-St-Zip: PORT ST LUCIE, FL 34952

**ADDITIONS/CHANGES:**

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KELLY B. HUGHES

MGRM

04/22/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date