

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003509

FILED
Apr 06, 2009
Secretary of State

Entity Name: NATIONAL QUALITY PATIENT CARE FOUNDATION, INC.

Current Principal Place of Business:

9200 SW 212 TERRACE
MIAMI, FL 33189

New Principal Place of Business:

9200 SW 212 TERRACE
CUTLER BAY, FL 33189

Current Mailing Address:

9200 SW 212 TERRACE
MIAMI, FL 33189

New Mailing Address:

9200 SW 212 TERRACE
CUTLER BAY, FL 33189

FEI Number: 65-1021775

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BONGIOVANNI, NANCY V
20547 OLD CUTLER ROAD
SUITE 150
MIAMI, FL 33189 US

Name and Address of New Registered Agent:

BONGIOVANNI, NANCY V
9200 SW 212 TERRACE
CUTLER BAY, FL 33189 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:

04/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CH D () Delete
Name: BONGIOVANNI, NANCY
Address: 9200 SW 212 TERRACE
City-St-Zip: MIAMI, FL 33189

Title: D () Delete
Name: BONGIOVANNI, DAVID
Address: 9200 SW 212 TERRACE
City-St-Zip: MIAMI, FL 33189

Title: D () Delete
Name: SCHNEIDER, JEFFREY
Address: 3521 RIDGELAND ROAD
City-St-Zip: DAVIE, FL 33328

Title: D () Delete
Name: OFRIL, TIMOTHY R
Address: 9200 SW 212 TERRACE
City-St-Zip: MIAMI, FL 33189

Title: D () Delete
Name: DIAZ, GERSON PAUL DR.
Address: 11310 SW 200 STREET
City-St-Zip: MIAMI, 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:

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

SIGNATURE: NANCY BONGIOVANNI

CH D

04/06/2009

Electronic Signature of Signing Officer or Director

Date