

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000003509

**FILED**  
**Feb 12, 2010**  
**Secretary of State**

**Entity Name:** NATIONAL QUALITY PATIENT CARE FOUNDATION, INC.

**Current Principal Place of Business:**

9200 SW 212 TERRACE  
CUTLER BAY, FL 33189

**New Principal Place of Business:**

**Current Mailing Address:**

9200 SW 212 TERRACE  
CUTLER BAY, FL 33189

**New Mailing Address:**

**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  
9200 SW 212 TERRACE  
CUTLER BAY, FL 33189 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: CH D  
Name: BONGIOVANNI, NANCY  
Address: 9200 SW 212 TERRACE  
City-St-Zip: MIAMI, FL 33189

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

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

Title: D  
Name: DIAZ, GERSON PAUL DR.  
Address: 11310 SW 200 STREET  
City-St-Zip: MIAMI, FL 33157

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

SIGNATURE: NANCY BONGIOVANNI

DIR

02/12/2010

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

\_\_\_\_\_  
Date