

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000631

FILED
Apr 04, 2009
Secretary of State

Entity Name: QUALITY RESPONSE SOLUTIONS, INC.

Current Principal Place of Business:

13151 S.W. 16TH COURT
DAVIE, FL 33325

New Principal Place of Business:

Current Mailing Address:

13151 S.W. 16TH COURT
DAVIE, FL 33325

New Mailing Address:

FEI Number: 20-5437690

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALESTRANT, ROBERT
13151 S.W. 16TH COURT
DAVIE, FL 33325 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: PCEO () Delete
Name: PALESTRANT, ROBERT
Address: 13151 S.W. 16TH COURT
City-St-Zip: DAVIE, FL 33325

Title: DC () Delete
Name: REDDISH, FRANK
Address: 14837 BALGOWAN ROAD #104
City-St-Zip: MIAMI LAKES, FL 33016

Title: D () Delete
Name: SALEM, MICHAEL
Address: 6363 GAGE PLACE
City-St-Zip: MIAMI LAKES, FL 33014

Title: T () Delete
Name: CARILLO, RALPH
Address: 1011 NW 40 AVENUE
City-St-Zip: MIAMI, FL 33126

Title: S () Delete
Name: WHU, DANNY
Address: 14723 SW 142 STREET
City-St-Zip: MIAMI, FL 33196

Title: D () Delete
Name: STOKESBERRY, JOHN
Address: 934 NE 91 TERRACE
City-St-Zip: MIAMI SHORES, FL 33138

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
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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: ROBERT PALESTRANT

PCEO

04/04/2009

Electronic Signature of Signing Officer or Director

Date