

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 12, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000017432

1. Entity Name  
QUALITY SOLUTIONS, INC.



Principal Place of Business  
718 TUSCANNY STREET  
BRANDON, FL 33511

Mailing Address  
718 TUSCANNY STREET  
BRANDON, FL 33511



01092006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3626151	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BEARD, BRIAN S  
718 TUSCANNY STREET  
BRANDON, FL 33511

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BEARD, BRIAN S
STREET ADDRESS	718 TUSCANNY ST
CITY - ST - ZIP	BRANDON, FL 33511
TITLE	VP
NAME	BEARD, KIMBERLY A
STREET ADDRESS	718 TUSCANNY ST
CITY - ST - ZIP	BRANDON, FL 33511
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000385064  
01/18/06-80001-019 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Kimberly A. Beard* Kimberly A. Beard

1/9/2006

813/643-1775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #