

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000054143

FILED
Oct 07, 2008
Secretary of State

Entity Name: QUALITY MEDICAL SOLUTIONS, INC.

Current Principal Place of Business:

400 SAWGRASS CORP PKWY
SUITE 220
SUNRISE, FL 33325

New Principal Place of Business:

Current Mailing Address:

400 SAWGRASS CORP PKWY
SUITE 220
SUNRISE, FL 33325

New Mailing Address:

FEI Number: 65-1018953

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KINGSLEY, SUZETTE
16530 LAKETREE DRIVE
WESTON, FL 33326 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: PD () Delete
Name: KINGSLEY, SUZETTE
Address: 16530 LAKETREE DRIVE
City-St-Zip: WESTON, FL 33326

Title: S (X) Delete
Name: FRADY, DIANE R
Address: 13830 APPALACHICA TRAIL
City-St-Zip: DAVIE, FL 33325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

SIGNATURE: SUZETTE KINGSLEY

PD

10/07/2008

Electronic Signature of Signing Officer or Director

Date