

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000063849

FILED
Sep 30, 2008
Secretary of State

Entity Name: QUANTUM HEALTH CARE CONSULTANTS, INC.

Current Principal Place of Business:

8306 MILLS DR. #577
MIAMI, FL 33183

New Principal Place of Business:

Current Mailing Address:

8306 MILLS DR. #577
MIAMI, FL 33183

New Mailing Address:

FEI Number: 65-1098307

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALVAREZ, ERIC
13445 SW 90 TERR.
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

MORA, SONIA
12125 SW 68 AVENUE
PINECREST, FL 33156 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: SONIA MORA

09/30/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALVAREZ, ERIC
Address: 8306 MILLS DR. #577
City-St-Zip: MIAMI, FL 33183

Title: S () Delete
Name: MORA, SONIA
Address: 8306 MILLS DR. #577
City-St-Zip: MIAMI, FL 33183

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MORA, SONIA
Address: 8306 MILLS DR. #577
City-St-Zip: MIAMI, FL 33183

Title: VPS (X) Change () Addition
Name: ALVAREZ, NATALIA
Address: 8306 MILLS DR. #577
City-St-Zip: MIAMI, FL 33183

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: SONIA MORA

P

09/30/2008

Electronic Signature of Signing Officer or Director

Date