

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000099145

FILED
May 14, 2009
Secretary of State

Entity Name: QUALITY HEALTH CONSULTANT INC.

Current Principal Place of Business:

5751 SW 54 CT
DAVIE, FL 33314

New Principal Place of Business:

5751 SW 54TH. CT
DAVIE, FL 33314

Current Mailing Address:

5751 SW 54 CT
DAVIE, FL 33314

New Mailing Address:

FEI Number: 65-1048906

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZAPATA, NORHA
5751 SW 54 CT
DAVIE, FL 33314 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ZAPATA, NORHA
Address: 5751 SW 54 CT
City-St-Zip: DAVIE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: NORHA ZAPATA

PRES

05/14/2009

Electronic Signature of Signing Officer or Director

Date