

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000084422

FILED
Feb 18, 2005
Secretary of State

Entity Name: QUALITY HEALTH PLANS, INC.

Current Principal Place of Business:

2435 U.S HWY 19
STE 470
HOLIDAY, FL 34691

New Principal Place of Business:

Current Mailing Address:

2435 U.S HWY 19
STE 470
HOLIDAY, FL 34691

New Mailing Address:

FEI Number: 59-3751408

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIKOS, CYNTHIA A ESQ.
205 N. PARSONS AVENUE
SUITE A
BRANDON, FL 335104515 US

Name and Address of New Registered Agent:

MIKOS, CYNTHIA A ESQ.
2018 E. 4TH AVENUE
TAMPA, FL 336055216 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:

02/18/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NAWAZ, ARAIN M PD
Address: 620 BELLE TERRE RD
City-St-Zip: PORT JEFFERSON, NY 11777

Title: STD () Delete
Name: BROWNING, COURTNEY A
Address: 2435 US 19, STE 470
City-St-Zip: HOLIDAY, FL 34691

Title: VPD () Delete
Name: KHAN, SABIHA H
Address: 2435 US 19, STE 470
City-St-Zip: HOLIDAY, FL 34691

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ARAIN M NAWAZ, MD

PC

02/18/2005

Electronic Signature of Signing Officer or Director

Date