2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2009
Secretary of State

DOCUMENT# P02000057001

Entity Name: ARIZA QUALITY MEDICAL SERVICES, INC.

Current Principal Place of Business:

11401 SW 40 ST
SUITE 211
MIAMI, FL 33165

New Principal Place of Business:

Current Mailing Address:

11401 SW 40 ST
SUITE 211
MIAMI, FL 33165

New Mailing Address:

3207 SW 142 CT
MIAMI, FL 33175

FEI Number: 04-3673758 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ARIZA, KATIA
11401 SW 40 ST .SUITE 211
MIAMI, FL 33165 US

Name and Address of New Registered Agent:

ARIZA, KATIA
3207 SW 142 CT
MIAMI, FL 33175 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: KATIA ARIZA 02/14/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ARIZA, KATIA
Address: 11401 SW 40 ST. SUITE 211
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ARIZA, KATIA
Address: 3207 SW 142 CT
City-St-Zip: MIAMI, FL 33175

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: KATIA ARIZA P 02/14/2009
Electronic Signature of Signing Officer or Director Date