2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000057001

Entity Name: ARIZA QUALITY MEDICAL SERVICES, INC.

FILED Apr 20, 2011 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: | | |
|--|----------------------------------|--|--|
| 11401 SW 40 ST SUITE 340 MIAMI, FL 33165 | | | |
| Current Mailing Address: | 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 () | |
| Name and Address of Current Registered Agent: Name and | | 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 puring the State of Florida. | pose of changing its registered | d office or registered agent, or both, | |
| SIGNATURE: | | | |
| Electronic Signature of Registered Agent | | Date | |
| | | | |

OFFICERS AND DIRECTORS:

Title:

 Name:
 ARIZA, KATIA

 Address:
 3207 SW 142 CT

 City-St-Zip:
 MIAMI, FL 33175

I hereby 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 all other like empowered.

SIGNATURE: KATIA ARIZA P 04/20/2011