

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90034 038 ***158.75

DOCUMENT # P02000078717					
1. Entity Name NURSING QUALITY SERVICES, INC.					
Principal Place of Business 8000 W FLAGLER STREET STE 207 MIAMI, FL 33012			Mailing Address 8000 W FLAGLER STREET STE 207 MIAMI, FL 33012		
2. Principal Place of Business - No P.O. Box # 8300 SW 8 St		3. Mailing Address 8300 SW 8 St			
Suite, Apt. #, etc. 107		Suite, Apt. #, etc. 107			
City & State Miami		City & State Miami			
Zip 33144		Country miamiDade		Zip 33144	
Country miamiDade		Country MiamiDade			
4. FEI Number 02-0634345			Chg-P CR2E034 (12/06)		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent FERNANDEZ, SIMON R 8000 W FLAGLER STREET STE 207 HIALEAH, FL 33012			7. Name and Address of New Registered Agent Name: <u>Fernandez, Simon R</u> Street Address (P.O. Box Number is Not Acceptable) 8300 SW 8 St Suite 107 City: <u>miami</u> FL Zip Code: <u>33144</u>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <u>[Signature]</u> DATE: <u>3/7/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD FERNANDEZ, SIMON R 10380 SW 28 ST. MIAMI, FL 33165		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>[Signature]</u> DATE: <u>3/7/08</u> DAYTIME PHONE: <u>(305) 267 1555</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					