

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000078717

**FILED**  
**Apr 13, 2012**  
**Secretary of State**

**Entity Name:** NURSING QUALITY SERVICES, INC.

**Current Principal Place of Business:**

8300 SW 8 ST  
STE 103  
MIAMI, FL 33144

**New Principal Place of Business:**

**Current Mailing Address:**

8300 SW 8 ST  
STE 103  
MIAMI, FL 33144

**New Mailing Address:**

**FEI Number:** 02-0634345

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

FERNANDEZ, SIMON R  
8300 SW 8 ST SUITE 103  
MIAMI, FL 33144 US

**Name and Address of New Registered Agent:**

FERNANDEZ, SIMON R  
8300 SW 8 ST  
SUITE 103  
MIAMI, FL 33144 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:** SIMON FERNANDEZ

04/13/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PSD  
**Name:** FERNANDEZ, SIMON R  
**Address:** 8300 SW 8 ST #103  
**City-St-Zip:** MIAMI, FL 33144

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:** SIMON FERNANDEZ

CEO

04/13/2012

Electronic Signature of Signing Officer or Director

Date