

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90073 022 ***158.75

DOCUMENT # P02000110998

1. Entity Name

HEALTHCARE QUALITY SOLUTIONS, INC.



Principal Place of Business

200 SOUTH HOOVER BOULEVARD
BUILDING 205
TAMPA FL 33609

Mailing Address

200 SOUTH HOOVER BOULEVARD
BUILDING 205
TAMPA FL 33609

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-4216152

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PGMD ☐ Delete
NAME MILVAIN, BRIAN M.
STREET ADDRESS 4340 45TH STREET SOUTH
CITY-ST-ZIP ST. PETERSBURG FL 33711

TITLE ☐ Change ☒ Addition
NAME V/CFO
STREET ADDRESS Gibson, Susan Baxter
CITY-ST-ZIP 4104 Water Oaks Lane
Tampa, FL 33618

TITLE D ☐ Delete
NAME KATZ, STEVEN
STREET ADDRESS 440 SOUTH MAIN STREET
CITY-ST-ZIP MILLTOWN NJ 08850

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SCHREIVER, BATSHEVA N
STREET ADDRESS 1164 RARITAN AVENUE
CITY-ST-ZIP HIGHLAND PARK NJ 08904

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VCFO ☒ Delete
NAME RICHARDS, KIMBERLY
STREET ADDRESS 3584 ENTERPRISE ROAD, EAST
CITY-ST-ZIP SAFETY HARBOR FL 34695

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VCIO ☒ Delete
NAME DEBOEF, CLARE
STREET ADDRESS 11603 WELLMAN DRIVE
CITY-ST-ZIP RIVERVIEW FL 33569

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Susan Baxter*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP+CF0

4/19/04

(813) 282-3303

Date

Daytime Phone #