

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000110998

FILED
Aug 30, 2005
Secretary of State

Entity Name: HEALTHCARE QUALITY SOLUTIONS, INC.

Current Principal Place of Business:

200 SOUTH HOOVER BOULEVARD
BUILDING 205
TAMPA, FL 33609

New Principal Place of Business:

405 N. REO STREET
SUITE 300
TAMPA, FL 33609

Current Mailing Address:

200 SOUTH HOOVER BOULEVARD
BUILDING 205
TAMPA, FL 33609

New Mailing Address:

405 N. REO STREET
SUITE 300
TAMPA, FL 33609

FEI Number: 13-4216152

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PGMD () Delete
Name: MILVAIN, BRIAN M
Address: 4340 45TH STREET SOUTH
City-St-Zip: ST. PETERSBURG, FL 33711

Title: D () Delete
Name: KATZ, STEVEN
Address: 440 SOUTH MAIN STREET
City-St-Zip: MILLTOWN, NJ 08850

Title: D () Delete
Name: SCHREIVER, BATSHEVA N
Address: 1164 RARITAN AVENUE
City-St-Zip: HIGHLAND PARK, NJ 08904

Title: VCFO () Delete
Name: GIBSON, SUSAN BAXTER
Address: 4104 WATER OAKS LANE
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SUSAN BAXTER GIBSON

CFO

08/30/2005

Electronic Signature of Signing Officer or Director

Date