

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000110998

FILED
Apr 17, 2008
Secretary of State

Entity Name: HEALTHCARE QUALITY SOLUTIONS, INC.

Current Principal Place of Business:

405 N. REO STREET
SUITE 300
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

405 N. REO STREET
SUITE 300
TAMPA, FL 33609

New Mailing Address:

FEI Number: 13-4216152 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CFRA, LLC
4221 W. BOYSCOUT BLVD.
10TH FLOOR
TAMPA, FL 33609 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

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

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

Title: D (X) Delete
Name: LEROUX, WAYNW
Address: 286 8TH AVE NORTH
City-St-Zip: TIRAA VERDE, FL 33715

Title: D (X) Delete
Name: FRAPART, RANDALL J
Address: 835 BILL JONES INDUSTRIAL DRIVE
City-St-Zip: SPRINGFIELD, IL 37172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: VASHOVSKY, STAN
Address: 489 FIFTH AVENUE, THIRD FLOOR
City-St-Zip: NEW YORK, NY 10017

Title: VPT (X) Change () Addition
Name: LEVINE, MICHAEL G
Address: 489 FIFTH AVENUE, THIRD FLOOR
City-St-Zip: NEW YORK, NY 10017

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 exemption stated 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 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: MICHAEL G. LEVINE

VPT

04/17/2008

Electronic Signature of Signing Officer or Director

_____ Date