

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000110998

FILED
Jun 26, 2009
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:

405 N. REO STREET
SUITE 100
TAMPA, FL 33609

Current Mailing Address:

405 N. REO STREET
SUITE 300
TAMPA, FL 33609

New Mailing Address:

405 N. REO STREET
SUITE 100
TAMPA, FL 33609

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: VASHOVSKY, STAN
Address: 42 W 39TH STREET
City-St-Zip: NEW YORK, NY 10018

Title: VPT (X) Change () Addition
Name: LEVINE, MICHAEL G
Address: 42 W 39TH STREET
City-St-Zip: NEW YORK, NY 10018

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

06/26/2009

Electronic Signature of Signing Officer or Director

Date