

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000110998

FILED
Apr 14, 2010
Secretary of State

Entity Name: HEALTHCARE QUALITY SOLUTIONS, INC.

Current Principal Place of Business:

405 N. REO STREET
SUITE 100
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

405 N. REO STREET
SUITE 100
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: PD
Name: VASHOVSKY, STAN
Address: 42 W 39TH STREET
City-St-Zip: NEW YORK, NY 10018

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

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: MICHAEL LEVINE

CFO

04/14/2010

Electronic Signature of Signing Officer or Director

Date