

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90133 033 ***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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-4216152

Applied For

Not Applicable

Zip

Country

Zip

Country

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, 2003 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	D	<input type="checkbox"/> Delete
NAME	MILVAIN, BRIAN M	
STREET ADDRESS	4340 45TH STREET SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33711	
TITLE	D	<input type="checkbox"/> Delete
NAME	KATZ, STEVEN	
STREET ADDRESS	440 SOUTH MAIN STREET	
CITY-ST-ZIP	MILLTOWN NJ 08850	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHREIVER, BATSHEVA N	
STREET ADDRESS	1164 RARITAN AVENUE	
CITY-ST-ZIP	HIGHLAND PARK NJ 08904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/GM/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILVAIN, BRIAN M	
STREET ADDRESS	4340 45th Street South	
CITY-ST-ZIP	St. Petersburg, FL 33711	
TITLE	V/CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richards, Kimberly	
STREET ADDRESS	3584 Enterprise Road, EAST	
CITY-ST-ZIP	Safety Harbor, FL 34695	
TITLE	V/CIO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DeBoef, Clare	
STREET ADDRESS	11603 Wellman Drive	
CITY-ST-ZIP	RIVERVIEW, FL 33569	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Kimberly J. Richards* **SIGNATURE REQUIRED VP + CFO** **4/14/03** **(813)282-3303**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)