

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000095200

FILED  
Sep 27, 2004  
Secretary of State

**Entity Name:** QUALITY PROFESSIONAL HEALTH CARE, INC.

**Current Principal Place of Business:**

10300 SUNSET DRIVE  
BLDG. 200, SUITE 275B  
MIAMI, FL 33173

**New Principal Place of Business:**

**Current Mailing Address:**

10300 SUNSET DRIVE  
BLDG. 200, SUITE 275B  
MIAMI, FL 33173

**New Mailing Address:**

2588 SW 27 AVE  
MIAMI, FL 33133 US

**FEI Number:** 20-0225897

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GARCIA, ANTONIO  
2588 SW 27 AVE  
MIAMI, FL 33133 US

**Name and Address of New Registered Agent:**

CONSULTING SERVICES OF SOUTH FLORIDA  
2588 SW 27 AVE  
MIAMI, FL 33133 US

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: ANTONIO GARCIA

09/27/2004

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: PSTD ( ) Delete  
Name: LLAURADO, NORA  
Address: 6140 SW 129 PLACE #2008  
City-St-Zip: MIAMI, FL 33183

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: NORA LLAURADO

PSTD

09/27/2004

Electronic Signature of Signing Officer or Director

Date