2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# P03000095200

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:

10300 SUNSET DRIVE
SUITE 157
MIAMI, FL 33173 US

Current Mailing Address:

2121 PONCE DE LEON BLVD
1050
CORAL GABLES, FL 33134 US

New Mailing Address:

2121 PONCE DE LEON BLVD
SUITE 1050
CORAL GABLES, FL 33134 US

FEI Number: 20-0225897 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA
2121 PONCE DE LEON BLVD
1050
CORAL GABLES, FL 33134 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: 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 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: NORA LLAURADO PSTD 03/25/2009

Electronic Signature of Signing Officer or Director Date