2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000109899

Entity Name: MEDICAL QUALITY ASSURANCE, INC.

FILED Apr 15, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4002 CRABTREE AVENUE 16920 WATERLINE ROAD SARASOTA, FL 34233 US BRADENTON, FL 34212 US

Current Mailing Address: New Mailing Address:

4002 CRABTREE AVENUE 16920 WATERLINE ROAD SARASOTA, FL 34233 US BRADENTON, FL 34212 US

FEI Number: 14-1896673 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ROBBINS, JENNIFER
4002 CRABTREE AVENUE
5ARASOTA, FL 34233 US
BUNCH, JENNIFER
16920 WATERLINE ROAD
BRADENTON, FL 34212 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: JENNIFER BUNCH 04/15/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 ROBBINS, JENNIFER S
 Name:
 BUNCH, JENNIFER S

 Address:
 4002 CRABTREE AVENUE
 Address:
 16920 WATERLINE ROAD

 City-St-Zip:
 SARASOTA, FL 34233 US
 City-St-Zip:
 BRADENTON, FL 34212 US

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: JENNIFER S.BUNCH PRES 04/15/2009