

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000065671

FILED
Mar 31, 2009
Secretary of State

Entity Name: QUALITY HEALTH CARE TRAINING ACADEMY INC.

Current Principal Place of Business:

6513 14ST WEST SUITE 125
SUITE 207
BRADENTON, FL 34207 US

Current Mailing Address:

6513 14TH ST WEST SUITE 125
SUITE 207
BRADENTON, FL 34207 US

New Principal Place of Business:

6513 14ST WEST
SUITE 103
BRADENTON, FL 34207 US

New Mailing Address:

6513 14TH ST WEST
SUITE 103
BRADENTON, FL 34207 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARNES, LORI
6513 14TH ST WEST SUITE 125
BRADENTON, FL 34207 US

Name and Address of New Registered Agent:

BARNES, LORI
6513 14TH ST WEST
103
BRADENTON, FL 34207 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: LORI BARNES RN LNC

03/31/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BARNES, LORI
Address: 6513 14TH STREET WEST SUITE 125
City-St-Zip: BRADENTON, FL 34207 US

Title: VP () Delete
Name: BARNES, ROBERT A
Address: 6513 14TH STREET WEST SUITE125
City-St-Zip: BRADENTON, FL 34207 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BARNES, LORI
Address: 6513 14TH STREET WEST SUITE 103
City-St-Zip: BRADENTON, FL 34207 US

Title: VP (X) Change () Addition
Name: BARNES, ROBERT A
Address: 6513 14TH STREET WEST SUITE103
City-St-Zip: BRADENTON, FL 34207 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: LORI BARNES RN LNC

PRES

03/31/2009

Electronic Signature of Signing Officer or Director

Date