

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000165905

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: HEALTH QUALITY PHYSICIANS, INC.

## Current Principal Place of Business:

14411 COMMERCE WAY #420  
MIAMI LAKES, FL 33016

## New Principal Place of Business:

13457 MAJESTICE WAY  
COOPER CITY, FL 33330

## Current Mailing Address:

14411 COMMERCE WAY #420  
MIAMI LAKES, FL 33016

## New Mailing Address:

13457 MAJESTICE WAY  
COOPER CITY, FL 33330

FEI Number: 20-1996911

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HERNANDEZ, PEDRO  
14411 COMMERCE WAY  
SUITE 420  
MIAMI LAKES, FL 33016 US

## Name and Address of New Registered Agent:

HERNANDEZ, PEDRO  
13457 MAJESTICE WAY  
COOPER CITY, FL 33330 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: PEDRO HERNANDEZ

04/27/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: STEINMULLER, KARLA  
Address: 14411 COMMERCE WAY #420  
City-St-Zip: MIAMI LAKES, FL 33016

Title: S ( ) Delete  
Name: HERNANDEZ, PEDRO  
Address: 14411 COMMERCE WAY #420  
City-St-Zip: MIAMI LAKES, FL 33016

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition  
Name: STEINMULLER, KARLA  
Address: 13457 MAJESTICE WAY  
City-St-Zip: COOPER CITY, FL 33330

Title: S (X) Change ( ) Addition  
Name: HERNANDEZ, PEDRO  
Address: 13457 MAJESTICE WAY  
City-St-Zip: COOPER CITY, FL 33330

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: PEDRO HERNANDEZ

S

04/27/2007

Electronic Signature of Signing Officer or Director

Date