

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000168529

**Entity Name:** Q.A. NURSING SERVICES, CORP

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

13780 S.W. 56TH ST., STE 205  
MIAMI, FL 33175

**New Principal Place of Business:**

**Current Mailing Address:**

13780 S.W. 56TH ST., STE 205  
MIAMI, FL 33175

**New Mailing Address:**

**FEI Number:** 25-1905461

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

QUINTANA, GEISLY  
16424 SW 54 TERR  
MIAMI, FL 33185 US

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

QUINTANA, GEISLY  
13780 SW 56 STREET, SUITE 205  
MIAMI, FL 33175 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: GEISLY QUINTANA

Electronic Signature of Registered Agent

02/18/2011

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: QUINTANA, GEISLY  
Address: 13780 SW 56 STREET, SUITE 205  
City-St-Zip: MIAMI, FL 33175

I hereby 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 all other like empowered.

SIGNATURE: GEISLY QUINTANA

Electronic Signature of Signing Officer or Director

DP

02/18/2011

Date