

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000170406

FILED
Jul 13, 2005
Secretary of State

Entity Name: QUALITY HEALTH PROFESSIONALS, INC.

Current Principal Place of Business:

11 BIRCHWOOD PLACE
PALM COAST, FL 32137 US

New Principal Place of Business:

Current Mailing Address:

11 BIRCHWOOD PLACE
PALM COAST, FL 32137 US

New Mailing Address:

FEI Number: 20-2121161 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WELCH, MATTHEW S ESQ.
222 SEABREEZE BLVD.
DAYTONA BEACH, FL 32118 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: P () Delete
Name: ATTA, BOUCHRA
Address: 11 BIRCHWOOD PLACE
City-St-Zip: PALM COAST, FL 32137 US

Title: VP () Delete
Name: BUTLER, LASHAWN
Address: 11 BIRCHWOOD PLACE
City-St-Zip: PALM COAST, FL 32137 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BOUCHRA CHEMSEDDINE

P

07/13/2005

Electronic Signature of Signing Officer or Director

Date