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Aug 15, 2006 8:00 am
Secretary of State

08-15-2006 90001 045 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000170406

1. Entity Name
QUALITY HEALTH PROFESSIONALS, INC.

Principal Place of Business	Mailing Address
11 BIRCHWOOD PLACE PALM COAST, FL 32137 US	11 BIRCHWOOD PLACE PALM COAST, FL 32137 US

06272006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
4873 Palm Coast Parkway		4873 Palm Coast Parkway	
Suite, Apt. #, etc.		Suite, Apt. #, etc. unit 1	
City & State: Palm Coast		City & State: Palm Coast	
Zip: 32137	Country: Flagler	Zip: 32137	Country: USA

4. FEI Number: 20-2121161 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WELCH, MATTHEW S ESQ.
222 SEABREEZE BLVD.
DAYTONA BEACH, FL 32118

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	P	☒ Change ☐ Addition
NAME	ATTA, BOUCHRA		NAME	BOUCHRA CHEMSEDDINE	
STREET ADDRESS	11 BIRCHWOOD PLACE		STREET ADDRESS	1207 W. LAKE AVE.	
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP	BALTIMORE, MD 21210	
TITLE	VP	☐ Delete	TITLE	V	☒ Change ☐ Addition
NAME	BUTLER, LASHAWN		NAME	Lashawn Butler	
STREET ADDRESS	11 BIRCHWOOD PLACE		STREET ADDRESS		
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bouchra Chemseddine 7/27/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #