

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000059391

Entity Name: MEDQUEST, INC

**FILED**  
**Apr 03, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

6401 GALLOWAY ROAD  
SUITE 122  
MIAMI, FL 33173

**New Principal Place of Business:**

6401 SW 87 AVE  
SUITE 203  
MIAMI, FL 33173

**Current Mailing Address:**

PO BOX 491365  
KEY BISCAYNE, FL 33149

**New Mailing Address:**

FEI Number: 04-3820652

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALMEIDA, YVETTE  
6401 GALLOWAY RD  
SUITE 122  
MIAMI, FL 33173 US

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

ALMEIDA, YVETTE  
6401 SW 87 AVE  
SUITE 203  
MIAMI, FL 33173 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: YVETTE ALMEIDA

04/03/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ALMEIDA, YVETTE  
Address: 6401 SW 87 AVE # 203  
City-St-Zip: MIAMI, FL 33173

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: YVETTE ALMEIDA

P

04/03/2012

Electronic Signature of Signing Officer or Director

Date