

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000093291

FILED  
May 01, 2009  
Secretary of State

Entity Name: QUALITY BILLING AND COLLECTION SERVICES, INC.

**Current Principal Place of Business:**

6939 SW 147 PL.  
MIAMI, FL 33193

**New Principal Place of Business:**

**Current Mailing Address:**

6939 SW 147 PL.  
MIAMI, FL 33193

**New Mailing Address:**

FEI Number: 20-3207151

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DELGADO, ILEANA  
6939 SW 147 PL.  
MIAMI, FL 33193 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DELGADO, ILEANA  
Address: 6939 SW 147 PL.  
City-St-Zip: MIAMI, FL 33193 US

Title: V ( ) Delete  
Name: DELGADO, AYDE RENA  
Address: 6939 SW 147 PL.  
City-St-Zip: MIAMI, FL 33193 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: V (X) Change ( ) Addition  
Name: DELGADO, AYDE PENA  
Address: 6939 SW 147 PL.  
City-St-Zip: MIAMI, FL 33193 US

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: ILEANA DELGADO

P

05/01/2009

Electronic Signature of Signing Officer or Director

Date