

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000093291

**FILED**  
**Apr 22, 2011**  
**Secretary of State**

**Entity Name:** QUALITY BILLING AND COLLECTION SERVICES, INC.

**Current Principal Place of Business:**

5632 SW 148TH COURT  
MIAMI, FL 33193

**New Principal Place of Business:**

**Current Mailing Address:**

5632 SW 148TH COURT  
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  
5632 SW 148TH COURT  
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

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** DELGADO, ILEANA  
**Address:** 5632 SW 148TH COURT  
**City-St-Zip:** MIAMI, FL 33193 US

**Title:** V  
**Name:** DELGADO, AYDE PENA  
**Address:** 5632 SW 148TH COURT  
**City-St-Zip:** MIAMI, FL 33193 US

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:** ILEANA DELGADO

P

04/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date