FILED May 28, 2008 8:00 am Secretary of State 04-21-2008 90043 037 ***150.00

DOCUMENT # P0600003019 1. Entity Name QUALITY BILLING SERVICES, INC.								04-21-20	006 9004	13 03 / 11	130.00
Principal Place of Business 950 NW 40TH AVENUE MIAMI, FL 33126			9	Mailing Address 950 NW 40TH AVENUE MIAMI, FL 33126			. (66012338			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			01172008	Chg-P	CR2E0	34 (12/06)	
City & State			(City & State			4. FEI Number Applied Fig. 20-4073517 Not Applied		oplied For ot Applicable		
Zip	Country			Zip Count		itry	5. Certificat	e of Status Desired		\$8.75 Add Fee Require	ditional d
Name and Address of Current Registered Agent						Налне	7. Name an	d Address of New F	Registered /	Agent	
CUELLO, OBRANLY						Street Address (P.O. Box Number is Not Acceptable)					
950 NW 40TH AVENUE MIAMI, FL 33126						Street Addre	ess (P.O. Box Numb	oer is Not Acceptable	(e)		
					City			FL	Zip Cod	9	
	named entitions of regist		istered agent, or b	oth, in the State of Fi		iamiliar with.	and accept				
SIGNATURE											
Signature, typed or printed name of registered agent and lide if applicable. (NOTE Registered Agent signature required when remetating) DATE											
FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May 8e Trust Fund Contribution. Added to Fees											
10.		OFFI	CERS AND DIREC	TORS	11.		ADDITIONS	/CHANGES TO OFF	ICERS AND	DIRECTOR	5 IN 11
TITLE NAME	PDS Delete III					- 1				Change .	☐ Addition
STREET ADDRESS	950 NW 40TH AVENUE					EI ADORESS					ļ
CITY-ST-ZIF	MIAMI, FL	33126		CITY-SI-ZIP						•	
TITLE NAME	VPDT Delete III									☐ Change	☐ Addition
STREET ADDRESS		OTH AVENUE	•		NAMA STRE	EI ADORESS					
CITY-SI-ZIP	MIAMI, FL 33126					- S1-2IP					
TITLE	☐ Delete INLE						_			Change	☐ Addition
NAME STREET ADDRESS	NAM STREET					ET ADDRESS					
CITY-ST-ZIP						-\$1-7 2 P					
INTE				☐ Defete	III/E					Change	☐ Addition
NAME STREET ACCRESS					NAM Stre	ET ADORESS					
CTTY-ST-ZIP	····				1	-ST-ZIP					
IME				Delete	11115	1				☐ Change	☐ Addiklon
STREET ADDRESS					KAMI STRE	ET ADORESS					ļ
CATY-ST-ZIP					CITY	-S1-21P	···				
TITLE NAME				Delete	TIFLE	- 1				☐ Change	☐ Addition
STREET ADDRESS						ET ADORESS					ļ
CITY-ST-ZIP					CITY-	-S1-20P					
12. I hereby certify that the information supplied with this Ming 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 path; that I am an officer or director											
of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, 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: NESTON (UE 10 5-82-08											