

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000042873

FILED
Apr 20, 2009
Secretary of State

Entity Name: QUALITY HEALTH CARE PROVIDERS, INC.

Current Principal Place of Business:

1100 W. 29TH ST.
SUITE C
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

1100 W. 29TH ST.
SUITE C
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 14-1954421

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COSTA, DANIEL
281 NORTH MELROSE DRIVE
MIAMI SPRINGS, FL 33166 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COSTA, DANIEL
Address: 281 NORTH MELROSE DRIVE
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: VP () Delete
Name: COSTA, ANIA
Address: 281 NORTH MELROSE DRIVE
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: DANIEL COSTA

P.

04/20/2009

Electronic Signature of Signing Officer or Director

Date