2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000045573

FILED Mar 26, 2008 Secretary of State

Entity Name: QUALIFIED PROFESSIONAL HOME HEALTH SERVICES, INC.

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
9495 SW 7 SUITE B27 MIAMI, FL	70				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
9495 SW 7 SUITE B27 MIAMI, FL	70				
El Number:	20-4606824	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
384 SW 20		330295012 US			
	named entity s e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Car	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Fitle: Name: Address: Dity-St-Zip:	ORTEA, EDUAF 384 SW 205TH		Title: (Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: Dity-St-Zip:	VP () ORTEA, ELIZAE 1554 SE 20TH HOMESTEAD, I	RD.	Title: (Name: Address: City-St-Zip:	()Change ()Addition	

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: EDUARDO J. ORTEA P 03/26/2008