

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000045573

FILED
Apr 30, 2010
Secretary of State

Entity Name: QUALIFIED PROFESSIONAL HOME HEALTH SERVICES, INC.

Current Principal Place of Business:

9495 SW 72ND ST.
SUITE B270
MIAMI, FL 33173

New Principal Place of Business:

5941 NW 173RD DR
UNIT #4
MIAMI, FL 33015

Current Mailing Address:

9495 SW 72ND ST.
SUITE B270
MIAMI, FL 33173

New Mailing Address:

5941 NW 173RD DR
UNIT #4
MIAMI, FL 33015

FEI Number: 20-4606824

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ORTEA, EDUARDO J
384 SW 205TH AVE
PEMBROKE PINES, FL 330295012 US

Name and Address of New Registered Agent:

ORTEA, ELIZABETH L
510 S 29TH CT
HOLLYWOOD, FL 33020 US

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: ELIZABETH L ORTEA

04/30/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: ORTEA, EDUARDO J
Address: 384 SW 205TH AVE
City-St-Zip: PEMBROKE PINES, FL 330295012

Title: VP
Name: ORTEA, ELIZABETH L
Address: 510 S 29TH CT
City-St-Zip: HOLLYWOOD, FL 33020

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: ELIZABETH L ORTEA

VP

04/30/2010

Electronic Signature of Signing Officer or Director

Date