2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000018852

City-St-Zip: MIAMI, FL 33126

Entity Name: IC QUALITY HEALTH CORP.

FILED Apr 11, 2009 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place of	New Principal Place of Business:	
3900 NW SUITE 595 MIAMI, FL			3900 NW 79 AVENUE SUITE 595 MIAMI, FL 331666570		
Current M	lailing Addres	ss:	New Mailing Address:	New Mailing Address:	
3900 NW SUITE 595 MIAMI, FL			3900 NW 79 AVENUE SUITE 595 MIAMI, FL 331666570		
FEI Number	: 20-8435973	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
5340 NW MIAMI, FL The above in the State	33126 US named entity e of Florida.		purpose of changing its registered o	office or registered agent, or both,	
SIGNATU		nic Signature of Registered Ag	ent	 Date	
Election Car		g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () LOPEZ, CARLO 5340 NW 4 ST MIAMI, FL 331		Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name:	VPD () PALACIOS, IVO 5340 NW 4 ST		Title: (Name: Address:) Change ()Addition	

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: CARLOS R LOPEZ PD 04/11/2009