2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000050577

Entity Name: QHP GROUP, INC.

City-St-Zip:

HOLIDAY, FL 34691

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4010 GUNN HIGHWAY, STE 220 4010 GUNN HIGHWAY TAMPA, FL 33618 SUITE 220 TAMPA, FL 33618 **Current Mailing Address: New Mailing Address:** 4010 GUNN HIGHWAY, STE 220 TAMPA, FL 33618 FEI Number: 20-8943396 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: F&L CORP ONE INDEPENDENT DRIVE **SUITE 1300** JACKSONVILLE, FL 32202 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition KHAN, HAIDER DR KHAN, HAIDER DR Name: Name: 2435 US HIGHWAY 19 SUITE 470 4010 GUNN HIGHWAY, STE 220 Address: Address: City-St-Zip: HOLIDAY, FL 34691 City-St-Zip: TAMPA, FL 33625 Title: Title: () Delete (X) Change () Addition KHAN, NAZEER Name: KHAN, NAZER Name: 2435 US HWY 19, STE. 470 4010 GUNN HIGHWAY, STE 220 Address: Address: HOLIDAY, FL 34691 TAMPA, FL 33618 City-St-Zip: City-St-Zip: Title: Title: () Delete (X) Change () Addition KHAN, SABIHA KHAN, SABIHA Name: Name: 2435 US HWY. 19, STE. 470 4010 GUNN HIGHWAY, STE 220 Address: Address: City-St-Zip: HOLIDAY, FL 34691 City-St-Zip: TAMPA, FL 33618 Title: () Delete Title: (X) Change () Addition KHAN, SAFIA KHAN, SAFIA Name: Name: Address: 2515 COUNTRYSIDE BLVD., STE. C Address: 4010 GUNN HIGHWAY, STE 220 City-St-Zip: City-St-Zip: CLEARWATER, FL 33763 TAMPA, FL 33618 Title: Title: (X) Change () Addition () Delete BERST, MARK PHILLIPS, CHRIS Name: Name: 2435 US HWY, 19, STE, 470 Address: 4010 GUNN HIGHWAY, STE 220 Address:

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.

City-St-Zip:

TAMPA, FL 33618

SIGNATURE: HAIDER A. KHAN, M.D. PRES 04/29/2009