

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000122813

FILED
May 02, 2010
Secretary of State

Entity Name: QUALITY HOME HEALTH SERVICES, INC

Current Principal Place of Business:

901 SOUTH STATE RD.7
200
HOLLYWOOD, FL 33023

New Principal Place of Business:

Current Mailing Address:

901 SOUTH STATE RD.7
200
HOLLYWOOD, FL 33023

New Mailing Address:

FEI Number: 83-0499013

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TEJADA, MARTHA A
901 SOUTH STATE RD.7
200
HOLLYWOOD, FL 33023 US

Name and Address of New Registered Agent:

UTRERA, MARTHA A
901 SOUTH STATE RD.7
200
HOLLYWOOD, FL 33023 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: MARTHA A UTRERA

05/02/2010

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P.
Name: UTRERA, MARTHA A
Address: 901 SOUTH STATE RD.7 STE. 200
City-St-Zip: HOLLYWOOD, FL 33023

Title: VP.
Name: GONZALEZ, ARIEL
Address: 901 SOUTH STATE RD.7 STE. 200
City-St-Zip: HOLLYWOOD, FL 33023

Title: VP.
Name: GONZALEZ, AYLEN
Address: 901 SOUTH STATE RD.7 STE. 200
City-St-Zip: HOLLYWOOD, FL 33023

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: MARTHA A UTRERA

P.

05/02/2010

Electronic Signature of Signing Officer or Director

Date