

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000035742

**FILED**  
**Apr 22, 2012**  
**Secretary of State**

**Entity Name:** QUALITY HEALTH PLAN SERVICES INC.

**Current Principal Place of Business:**

6800 WEST 16 DR  
APT# 101  
HIALEAH,, FL 33012

**New Principal Place of Business:**

6800 WEST 16 DR  
APT# 101  
HIALEAH,, FL 33014

**Current Mailing Address:**

6800 WEST 16 DR  
APT# 101  
HIALEAH,, FL 33012

**New Mailing Address:**

6800 WEST 16 DR  
APT# 101  
HIALEAH,, FL 33014

**FEI Number:** 26-2359923

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ILLANES, EDYS  
6800 WEST 16 DR  
APT# 101  
HIALEAH,, FL 33012 US

**Name and Address of New Registered Agent:**

ILLANES, EDYS  
6800 WEST 16 DR  
APT# 101  
HIALEAH,, FL 33014 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:** EDYS ILLANES

04/22/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** ILLANES, EDYS  
**Address:** 6800 WEST 16 DR , APT# 101  
**City-St-Zip:** HIALEAH,, FL 33014

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:** EDYS ILLANES

PRES

04/22/2012

Electronic Signature of Signing Officer or Director

Date