

## **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P11000016319

**FILED**  
**Dec 21, 2012**  
**Secretary of State**

**Entity Name:** QUALITY INSURANCE OF SOUTH FLORIDA INC

**Current Principal Place of Business:**

8724 SW 72ND STREET  
MIAMI, FL 33173

**New Principal Place of Business:**

**Current Mailing Address:**

8724 SW 72ND STREET  
MIAMI, FL 33173

**New Mailing Address:**

P.O.BOX 526567  
MIAMI, FL 33152

**FEI Number:** 80-0685623

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

PEREZ, ELIZABETH  
8724 SW 72 STREET  
MIAMI, FL 33173 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PEREZ, ELIZABETH  
Address: P.O.BOX 526567  
City-St-Zip: MIAMI, FL 33152

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 PEREZ

P

12/21/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date