

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000084748

Entity Name: NEONATAL QUALITY CARE, INC.

FILED
Mar 13, 2008
Secretary of State

Current Principal Place of Business:

7755 S.W. 87 AVENUE #130
MIAMI, FL 33173 US

New Principal Place of Business:

8500 SW 87 AVE
MIAMI, FL 33173 US

Current Mailing Address:

P.O. BOX 566076
MIAMI, FL 332566076 US

New Mailing Address:

FEI Number: 65-0461397 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FITELL, BRUCE
9000 S.W. 87TH CT.
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

FITELL, BRUCE
9220 SW 72 ST #101
MIAMI, FL 33173 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:

03/13/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: QUINTERO, LYDIA M
Address: 7755 S.W. 87 AVENUE #130
City-St-Zip: MIAMI, FL 33173 US

Title: VP () Delete
Name: FORTUN, MARIA-CATALINA
Address: 7755 S.W. 87 AVENUE #130
City-St-Zip: MIAMI, FL 33173 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: QUINTERO, LYDIA M
Address: 7681 SW 107 ST
City-St-Zip: MIAMI, FL 33156 US

Title: VP (X) Change () Addition
Name: FORTUN, MARIA-CATALINA
Address: 8420 SW 112 ST
City-St-Zip: MIAMI, FL 33156 US

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: LYDIA M. QUINTERO, M.D.

P

03/13/2008

Electronic Signature of Signing Officer or Director

Date