

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000084748

**FILED**  
**Jan 17, 2010**  
**Secretary of State**

**Entity Name:** NEONATAL QUALITY CARE, INC.

**Current Principal Place of Business:**

8500 SW 87 AVE  
MIAMI, FL 33173 US

**New Principal Place of Business:**

**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  
9220 SW 72 ST #101  
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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** QUINTERO, LYDIA M  
**Address:** 7681 SW 107 ST  
**City-St-Zip:** MIAMI, FL 33156 US

**Title:** VP  
**Name:** FORTUN, MARIA-CATALINA  
**Address:** 8420 SW 112 ST  
**City-St-Zip:** MIAMI, FL 33156 US

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:** LYDIA M QUINTERO MD

PRES

01/17/2010

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

\_\_\_\_\_  
Date