

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000074122

FILED
Apr 16, 2009
Secretary of State

Entity Name: QUALITY MEDICAL ASSOCIATION OF WEST DELRAY, INC.

Current Principal Place of Business:

5258 LINTON BLVD
206
DELRAY BEACH, FL 33484 US

New Principal Place of Business:

Current Mailing Address:

5258 LINTON BLVD
206
DELRAY BEACH, FL 33484 US

New Mailing Address:

FEI Number: 65-0529768

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HIMMELSTEIN, STUART
5258 LINTON BLVD., STE 206
DELRAY BEACH, FL 33484 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: PD () Delete
Name: HIMMELSTEIN, STUART B
Address: 5258 LINTON BLVD 206
City-St-Zip: DELRAY BEACH, FL 33484

Title: S () Delete
Name: NULAND, CHRISTOPHER
Address: 1000 RIVERSIDE AVENUE., STE 200
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: STUART B. HIMMELSTEIN, PRESIDENT

PRES

04/16/2009

Electronic Signature of Signing Officer or Director

Date