2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2011
Secretary of State

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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

OFFICERS AND DIRECTORS:

Title: PD
Name: HIMMELSTEIN, STUART B
Address: 5258 LINTON BLVD 206
City-St-Zip: DELRAY BEACH, FL 33484

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

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: STUART HIMMELSTEIN PRES 01/06/2011

Electronic Signature of Signing Officer or Director Date