## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000085902

**Current Principal Place of Business:** 

Entity Name: QUALITY HEALTH SERVICES, INC.

FILED Apr 25, 2004 Secretary of State

**New Principal Place of Business:** 

1711 HERON COVE DR LUTZ, FL 33549 US

Current Mailing Address: New Mailing Address:

1711 HERON COVE DR LUTZ, FL 33549 US

FEI Number: 59-3365371 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

MEEKS, R.H. 804 CANOE CT BRANDON, FL 33510 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition

 Name:
 GRIFFITHS, TY A
 Name:

 Address:
 1711 HERON COVE DRIVE
 Address:

 City-St-Zip:
 LUTZ, FL 335499379
 City-St-Zip:

Title: VPS ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 GRIFFITHS, JENNIFER L
 Name:

 Address:
 1711 HERON COVE DRIVE
 Address:

 City-St-Zip:
 LUTZ, FL 335499379
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TY A GRIFFITHS PD 04/25/2004