

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000085902

FILED
Apr 30, 2005
Secretary of State

Entity Name: QUALITY HEALTH SERVICES, INC.

Current Principal Place of Business:

1711 HERON COVE DR
LUTZ, FL 33549 US

New Principal Place of Business:

Current Mailing Address:

1711 HERON COVE DR
LUTZ, FL 33549 US

New Mailing Address:

FEI Number: 59-3365371

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEEKS, R.H.
804 CANOE CT
BRANDON, FL 33510 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: GRIFFITHS, TY A
Address: 1711 HERON COVE DRIVE
City-St-Zip: LUTZ, FL 335499379

Title: VPS () Delete
Name: GRIFFITHS, JENNIFER L
Address: 1711 HERON COVE DRIVE
City-St-Zip: LUTZ, FL 335499379

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 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: JENNIFER L GRIFFITHS

VPS

04/30/2005

Electronic Signature of Signing Officer or Director

Date