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FILED
May 12 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000033538

1. Corporation Name

QUALITY HEALTH SERVICES, INC.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/17/1996

4. FEI Number

65-0686075

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30

☒ Yes

☐ No

2. Principal Place of Business

21 18800 NW 2ND AVENUE

Suite, Apt. #, etc.

22 SUITE #212

City & State

23 MIAMI, FLORIDA 33169

Zip

Country

24

25

2a. Mailing Address

26 18800 NW 2ND AVENUE

Suite, Apt. #, etc.

27 SUITE #212

City & State

28 MIAMI, FLORIDA 33169

Zip

Country

29

30

9. Name and Address of Current Registered Agent

ALOYSIUS ODOÑO
18800 NW 2ND AVENUE
SUITE #212
MIAMI, FLORIDA 33169

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered
agent. I am familiar with and accept the obligation of Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* ALOYSIUS ODOÑO

(Print Name of Registered Agent or Signature Agent, if not a corporation)

4/27/98

(Date)

12. OFFICERS AND DIRECTORS

TITLE D/P/S
NAME ALOYSIUS ODOÑO
STREET ADDRESS 18800 NW 2ND AVENUE, SUITE #212
CITY-ST-ZIP MIAMI, FLORIDA 33169

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated on this annual report or supplementary filing is true and accurate and that my 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 in
Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*

(Print Name of Signing Officer or Director)

ALOYSIUS ODOÑO, President 4/27/98 (305) 681-5260

CR2E034 (10/97)

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5/12