

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000033833

FILED
Apr 27, 2012
Secretary of State

Entity Name: QUALITY MEDICAL EXAMINERS, INC.

Current Principal Place of Business:

3866 LONGLEAF CT.
TALLAHASSEE, FL 32310

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6491
TALLAHASSEE, FL 32314

New Mailing Address:

FEI Number: 59-3382004

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLIFIELD, EDWARD W M.D.
3866 LONGLEAF CT.
TALLAHASSEE, FL 32310 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: D
Name: HOLIFIELD, EDWARD W
Address: 3866 LONGLEAF CT.
City-St-Zip: TALLAHASSEE, FL 32310

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: EDWARD HOLIFIELD

D

04/27/2012

Electronic Signature of Signing Officer or Director

Date