

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000012648

1. Entity Name
QUALITY RESPONSE SERVICES, INC.



Principal Place of Business
**8475 WESTERN WAY
SUITE 150
JACKSONVILLE, FL 32256 US**

Mailing Address
**8475 WESTERN WAY
SUITE 150
JACKSONVILLE, FL 32256 US**



01152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3427084	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**LINDELL, J. MICHAEL
12276 SAN JOSE BLVD.
SUITE 126
JACKSONVILLE, FL 32223**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

000000789516

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

01/22/08-80030-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PULLEN, JUDY T
STREET ADDRESS	1433 WINDSOR PLACE
CITY-ST-ZIP	JACKSONVILLE, FL 32205

TITLE	CEO
NAME	PULLEN, DOUGLAS L
STREET ADDRESS	1433 WINDSOR PLACE
CITY-ST-ZIP	JACKSONVILLE, FL 32205

TITLE	P
NAME	LEVAN, LEILA J
STREET ADDRESS	3285 MARBON ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32223

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

D.L. Pullen
D. L. Pullen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/2008
1/15/2008
Date

904/519-9225
904/519-9225
Daytime Phone #