2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000068936

OLDSMAR, FL 34677

City-St-Zip:

Entity Name: Q.T. MEDICAL SERVICES, INC.

FILED Jul 03, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 334 EAST LAKE ROAD, #308 PALM HARBOR, FL 34685 **Current Mailing Address: New Mailing Address:** 334 EAST LAKE ROAD, #308 PALM HARBOR, FL 34685 FEI Number: 59-3590951 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: DIMARCO, ROBERT 3444 EAST LAKE RD SUITE 412 PALM HARBOR, FL 34685 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 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition JOHNSON, FREDERICK Name: Name: 524 CYPRESS BEND Address: Address: City-St-Zip: OLDSMAR, FL 34677 City-St-Zip: Title: Title: () Change () Addition () Delete Name: ALLARDE-JOHNSON, LISA Name: 524 CYPRESS BEND Address: Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LISA ALLARDE JOHNSON S/T 07/03/2007