FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # K19026 (9)

1. Corporation Name
FLORIDA QUALITY CARE, INC.

Principal Place of Business
5040 US HIGHWAY 98 NORTH
LAKELAND FL 33809

Mailing Address
5040 US HIGHWAY 98 NORTH
LAKELAND FL 33809

3. Date Incorporated or Qualified: 03/23/1988
3a. Date of Last Report: 04/19/1995
4. FEI Number: 59-2891022 — [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. [✓] Yes [ ] No

2. Principal Place of Business — 2a. Mailing Address
21 — 26
Suite, Apt. #, etc. — Suite, Apt. #, etc.
22 — 27
City & State — City & State
23 — 28
Zip 24 — Country 25 — Zip 29 — Country 30

9. **Name and Address of Current Registered Agent**

CONNIE WILKINSON
1750 NORTH BROADWAY
BARTOW FL 33830

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	VD	[ ] DELETE
NAME	ADAMS, ROBERT J.	
STREET ADDRESS	4110 S FLORIDA AVE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	PD	[ ] DELETE
NAME	WHITE, GREGORY R. MD	
STREET ADDRESS	5040 US 98 N	
CITY-ST-ZIP	LAKELAND FL	
TITLE	S	[ ] DELETE
NAME	COGDILL, MICHAEL	
STREET ADDRESS	5040 US 98 N	
CITY-ST-ZIP	LAKELAND FL	
TITLE	T	[ ] DELETE
NAME	WILKINSON, CONNIE	
STREET ADDRESS	5040 US 98 N	
CITY-ST-ZIP	LAKELAND FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	[ ] Change	[ ] Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE	[ ] Change	[ ] Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE	[ ] Change	[ ] Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE	[ ] Change	[ ] Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE	[ ] Change	[ ] Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE	[ ] Change	[ ] Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

14. I do 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Connie Wilkinson — Connie Wilkinson — 4-15-96 — 941 533-2030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

CR2E034 (12/95)