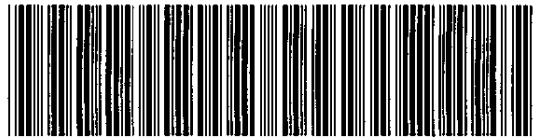


L05000030407



700145134707

03/09/09--01025--004 **35.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

L. SELLERS
MAR 25 2009
EXAMINER

Office Use Only

FILED
09 MAR 25 AM 8:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

THE HOGAN LAW FIRM®

We mean businessSM

March 3, 2009

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Subject: Quality Quest Rehab Services, LLC
Ref. Number: L05000030407

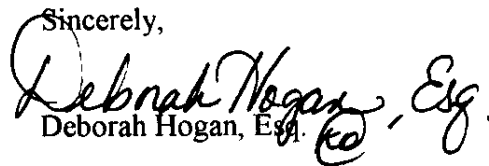
To Whom It May Concern:

I hereby am familiar with and except the duties and responsibilities as registered agent for said corporation.

Please except this letter as written acceptance of Registered Agent.

Should you have any further questions, please contact my Assistant, Kimberly at 352-799-8423.

Sincerely,


Deborah Hogan, Esq.

DH/ko
Enclosure(s)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Quality Quest Rehab Services, LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Deborah Hogan, Esq.
(Name of Person)

The Hogan Law Firm
(Firm/Company)

20 S. Broad Street
(Address)

Brooksville, FL 34601
(City/State and Zip Code)

For further information concerning this matter, please call:

Kimberly O'Neill at (352) 799-8423
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

— money already sent



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 10, 2009

DEBORAH HOGAN ESQ
P.O. BOX 485
BROOKSVILLE, FL 34605

SUBJECT: FAMILY MEDICAL CARE, LLC
Ref. Number: L05000003047

We have received your document for FAMILY MEDICAL CARE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 709A00008243

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Quality Quest Rehab Services, LLC

2. (a) Principal office address of limited liability company: 6252 Commercial Way
PMB 208
Spring Hill, FL 34613
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: _____
(Note: MAY BE POST OFFICE BOX)

3/10/09
3. Date of filing/registration in Florida

LO500003047
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Scott Foote

Registered Office Address: 8361 Cofield Lane
Spring Hill, FL
34608

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: The Hogan Law Firm

NEW Registered Office Address: 20 South Broad street
(MUST BE FLORIDA STREET ADDRESS) Brooksville, FL 34601

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Katrina Kaiser
(Signature of a member or authorized representative of a member)

Katrina Kaiser, Manager
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Deborah Hogan
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

FILED
MAR 25 AM 8:16
TALLHASSEE FLORIDA
SECRETARY OF STATE