

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000114406

**FILED**  
**Mar 27, 2010**  
**Secretary of State**

**Entity Name:** QUALITY CARE PL

**Current Principal Place of Business:**

3800 SOUTH OCEAN DRIVE  
# G-3  
HOLLYWOOD, FL 33019 US

**New Principal Place of Business:**

**Current Mailing Address:**

678 WASHINGTON STR.  
# 515  
LYNN, MA 01901 US

**New Mailing Address:**

**FEI Number:** 27-1392890

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ANTHONY S. ADELSON PA  
501 GOLDEN ISLES DRIVE  
# 203  
HALLANDALE, FL 33009 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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** ORLOV, MICHAIL  
**Address:** 678 WASHINGTON STR.  
**City-St-Zip:** LYNN, MA 01901 MA

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MICHAIL ORLOV

MD

03/27/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date