

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000114406

FILED
Apr 21, 2011
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 ()**

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 04/21/2011

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