

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90270 030 ***150.00

DOCUMENT # P93000034766

1. Entity Name
QUALITY CARE NURSING SERVICES, INC.

Principal Place of Business
99 NW 183RD ST.#124
MIAMI FL 33169

Mailing Address
99 NW 183RD ST.#124
MIAMI FL 33169

A0083920

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0416371**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRANKLIN, CARMEN
1343 NW 133RD AVENUE
PEMBROKE PINES FL 33028

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	D FRANKLIN, CARMEN <input type="checkbox"/> Delete
STREET ADDRESS	1343 NW 133RD AVE.
CITY-ST-ZIP	PEMBROKE PINES FL 33028
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
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CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034 (11/00)

13. I 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carmen Franklin* **CARMEN FRANKLIN**

08/29/2001 (305) 651-2273

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

QUALITY CARE NURSING SERVICES, INC.

Specializing: RN's, LPN's, CNA's Companions

Attachment
#1083920

08/29/2001

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

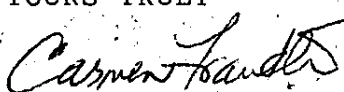
DK 99300034766

GENTLEMEN,

~~PLEASE BE ADVISED THAT I DID NOT RECEIVE THE REPORT THEREFORE I WAS UNABLE TO FILE ON TIME. I SPOKE WITH MY ACCOUNTANT, WHO ADVISED ME TO CALL YOUR DEPARTMENT. THIS WAS DONE, AND I WAS ADVISED TO GO TO YOUR WEB SITE AND DOWN LOAD THE FORM. I APPOLOGISED FOR ANY INCONVENIENCE ON MY PART, AND WILL BE SURE TO NOTIFY YOUR DEPARTMENT SHOULD THIS RECUR.~~

I AM,

YOURS TRULY



CARMEN FRANKLIN.

ADMINISTRATOR