

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2005 8:00 am
Secretary of State

05-25-2005 90004 021 ***150.00

DOCUMENT # P03000019149 1. Entity Name QUALITY CARE CREDIT, INC.					
Principal Place of Business 10650 HAVERFORD RD #7 JACKSONVILLE, FL 32218			Mailing Address PO BOX 26032 JACKSONVILLE, FL 32226		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 80-0091491	
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		
FIELDS, JIM 10650 HAVERFORD RD STE 7 JACKSONVILLE, FL 32218			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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FIELDS, JIM J 409 JAX ESTATES DRIVE N. JACKSONVILLE, FL 32218 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FIELDS, YOULONDA 409 JAX ESTATES DRIVE N. JACKSONVILLE, FL 32218 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOVINGS, DELISA PO BOX 26032 JACKSONVILLE, FL 32226 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 5/13/05 (904) 696-1889			