

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 840255 (4)

1. Corporation Name

QUALITY CARE SERVICE CORP.



Principal Place of Business

Mailing Address

175 BROAD HOLLOW RD
MELVILLE NY 11747
US

10890 BENSON DRIVE
OVERLAND PARK KS 66210-1508
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 175-BROAD HOLLOW RD

22 City & State

27 City & State

23 Zip

Country

28 MELVILLE NY

Zip

Country

24

25

29 117478905

30

Suffolk

3. Date Incorporated or Qualified

03/22/1978

3a. Date of Last Report

04/28/1995

4. FEI Number

11-2443403

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 193.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the corporation

(If the Registered Agent signature required when not doing so)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE AS
NAME DIXON, RUTH
STREET ADDRESS 10890 BENSON DRIVE
CITY - ST - ZIP OVERLAND PARK KS

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE P
NAME FUSCO, ROBERT A
STREET ADDRESS ONE MERRICK AVE
CITY - ST - ZIP WESTBURY NY

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE S
NAME LADYOUTE, LAURIN J
STREET ADDRESS ONE MERRICK AVE
CITY - ST - ZIP WESTBURY NY

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE DT
NAME BOELSEN, THOMAS M
STREET ADDRESS ONE MERRICK AVE
CITY - ST - ZIP WESTBURY NY

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE D
NAME OSTEN, CHERYL
STREET ADDRESS ONE MERRICK AVE
CITY - ST - ZIP WESTBURY NY

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE D
NAME HART, BRADLEY D
STREET ADDRESS 14113 W 82ND ST
CITY - ST - ZIP LENEXA KS

☒ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Laurin J Ladyoute, 6/12/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)