2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # 853455

1. Entity Name
QUALITY HEALTH FACILITIES, INC.

Principal Place of Business	Mailing Address
5100 POPLAR SUITE 2216 MEMPHIS, TN 38137	5100 POPLAR SUITE 2216 MEMPHIS, TN 38137

03032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
64-0633350
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FAUST, JOHN M
STREET ADDRESS	125 S 28TH AVE
CITY-ST-ZIP	HATTIESBURG, MS
TITLE	VSD
NAME	BAKER, MARTIN H
STREET ADDRESS	202 HILLENDALE DR.
CITY-ST-ZIP	HATTIESBURG, MS
TITLE	VSD
NAME	LOW, JOHN T
STREET ADDRESS	133 OLYMPIA FIELDS
CITY-ST-ZIP	JACKSON, MS
TITLE	VD
NAME	BUCHANAN, GEORGIA
STREET ADDRESS	114 CHERRY HILL
CITY-ST-ZIP	JACKSON, MS
TITLE	D
NAME	FAUST, DELLA
STREET ADDRESS	133 OLYMPIA FIELDS
CITY-ST-ZIP	HATTIESBURG, MS
TITLE	D
NAME	BAKER, SUZANNE
STREET ADDRESS	202 HILLENDALE DR
CITY-ST-ZIP	HATTIESBURG, MS

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03/15/04-80098-025 150.00

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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: John M. Faust 3/12/04 601-264-3519
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #