

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 08:00 A
Secretary of State

DOCUMENT # 853455

1. Entity Name
QUALITY HEALTH FACILITIES, INC.



Principal Place of Business

1181 VICKERY LANE
STE 200
CORDOVA, TN 38016

Mailing Address

1181 VICKERY LANE
STE 200
CORDOVA, TN 38016



01312008 No Chg-P CR2E034 (11/05)

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

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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, ROBERT
STREET ADDRESS 114 CHERRY HILL
CITY-ST-ZIP JACKSON, MS 39205

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

**DO NOT WRITE
IN THIS SPACE**

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04/04/08-80016-024 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

3-17-08

Date

Daytime Phone #