

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 853455

FILED
Feb 10, 2009
Secretary of State

Entity Name: QUALITY HEALTH FACILITIES, INC.

Current Principal Place of Business:

1181 VICKERY LANE
STE 200
CORDOVA, TN 38016

New Principal Place of Business:

Current Mailing Address:

1181 VICKERY LANE
STE 200
CORDOVA, TN 38016

New Mailing Address:

FEI Number: 64-0633350

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FAUST, JOHN M
Address: 125 S 28TH AVE
City-St-Zip: HATTIESBURG, MS

Title: VSD () Delete
Name: BAKER, MARTIN H
Address: 202 HILLENDALE DR.
City-St-Zip: HATTIESBURG, MS

Title: VSD () Delete
Name: LOW, JOHN T
Address: 133 OLYMPIA FIELDS
City-St-Zip: JACKSON, MS

Title: VD () Delete
Name: BUCHANAN, ROBERT
Address: 114 CHERRY HILL
City-St-Zip: JACKSON, MS 39205

Title: D () Delete
Name: FAUST, DELLA
Address: 133 OLYMPIA FIELDS
City-St-Zip: HATTIESBURG, MS

Title: D () Delete
Name: BAKER, SUZANNE
Address: 202 HILLENDALE DR
City-St-Zip: HATTIESBURG, MS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN M. FAUST

PD

02/10/2009

Electronic Signature of Signing Officer or Director

Date