

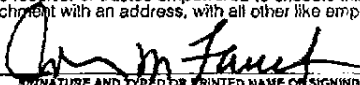


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 855274		
1. Entity Name QUALITY HEALTH OF FERNANDINA BEACH, INC.		
Principal Place of Business *1181 VICKERY LANE SUITE 200 CORDOVA, TN 38016-0633		Mailing Address 1181 VICKERY LANE SUITE 200 CORDOVA, TN 38016-0633
DO NOT WRITE IN THIS SPACE		
		 02212006 No Chg-P CR2E034 (11/05)
		4. FEI Number 64-0668747 Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD LOW, JOHN T.C. 133 OLYMPIA FIELDS JACKSON, MS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FAUST, JOHN M. 125 S 28TH AVE HATTIESBURG, MS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FAUST, DELLA ROSE 125 S 28TH AVE HATTIESBURG, MS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD BUCHANAN, ROBERT 114 CHARRY HILL JACKSON, MS 39205	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPSD BAKER, MARTIN H. 202 HILLENDALE DR. HATTIESBURG, MS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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		000000473834 03/31/06-80032-018 150.00 DO NOT WRITE IN THIS SPACE 3/14/06 Date Daytime Phone #