


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 855274 1. Entity Name QUALITY HEALTH OF FERNANDINA BEACH, INC.	
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Principal Place of Business 1181 VICKERY LANE SUITE 200 CORDOVA, TN 38016-0633	Mailing Address 1181 VICKERY LANE SUITE 200 CORDOVA, TN 38016-0633
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01312008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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: _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	

DO NOT WRITE IN THIS SPACE

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: John M Faust **3-17-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #