

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 855274

FILED
Feb 02, 2010
Secretary of State

Entity Name: QUALITY HEALTH OF FERNANDINA BEACH, INC.

Current Principal Place of Business:

1181 VICKERY LANE
SUITE 200
CORDOVA, TN 380160633

New Principal Place of Business:

Current Mailing Address:

1181 VICKERY LANE
SUITE 200
CORDOVA, TN 380160633

New Mailing Address:

FEI Number: 64-0668747

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: SD
Name: LOW, JOHN T.C.
Address: 133 OLYMPIA FIELDS
City-St-Zip: JACKSON, MS

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

Title: D
Name: FAUST, DELLA ROSE
Address: 125 S 28TH AVE
City-St-Zip: HATTIESBURG, MS

Title: TD
Name: BUCHANAN, ROBERT
Address: 114 CHARRY HILL
City-St-Zip: JACKSON, MS 39205

Title: VPD
Name: BAKER, MARTIN H.
Address: 202 HILLENDALE DR.
City-St-Zip: HATTIESBURG, MS

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

I hereby 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 all other like empowered.

SIGNATURE: JOHN M. FAUST

PD

02/02/2010

Electronic Signature of Signing Officer or Director

Date