

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F95000003963

FILED
Jul 07, 2003
Secretary of State

Entity Name: NATIONAL MENTOR HEALTHCARE, INC.

Current Principal Place of Business:

313 CONGRESS STREET
5TH FLOOR
BOSTON, MA 02210 US

New Principal Place of Business:

Current Mailing Address:

313 CONGRESS STREET
5TH FLOOR
BOSTON, MA 02210 US

New Mailing Address:

FEI Number: 04-2893910

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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: TORRES, GREGORY
Address: 313 CONGRESS ST
City-St-Zip: BOSTON, MA 02210 US

Title: VPD () Delete
Name: HOPPER, ELIZABETH
Address: 313 CONGRESS ST
City-St-Zip: BOSTON, MA 02210 US

Title: T () Delete
Name: MONACK, DONALD
Address: 313 CONGRESS STREET
City-St-Zip: BOSTON, MA 02210 US

Title: VP () Delete
Name: LOPEZ-DIAZ, IOVANNA
Address: 600 N. PINE ISLAND RD., SUITE 360
City-St-Zip: PLANTATION, FL 33324 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SEC (X) Change () Addition
Name: HOPPER, ELIZABETH
Address: 313 CONGRESS ST
City-St-Zip: BOSTON, MA 02210 US

Title: T (X) Change () Addition
Name: MONACK, DONALD
Address: 313 CONGRESS ST
City-St-Zip: BOSTON, MA 02210 US

Title: VP (X) Change () Addition
Name: GILLESPIE, JOHN
Address: 313 CONGRESS ST
City-St-Zip: BOSTON, MA 02210 US

Title: VP () Change (X) Addition
Name: DENIS, HOLLER
Address: 313 CONGRESS ST
City-St-Zip: BOSTON, MA 02210 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DENIS HOLLER

VP

07/07/2003

Electronic Signature of Signing Officer or Director

Date