2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # F97000003480

1. Entity Name
QUALITY ANESTHESIA CARE CORP.

Principal Place of Business	Mailing Address
4100A HEIGEL AVENUE SARASOTA, FL 34242	4100A HEIGEL AVENUE SARASOTA, FL 34242

DO NOT WRITE IN THIS SPACE

02282007 No Chg-P CR2E034 (11/05)

4. FEI Number
34-1609116
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HOROWITZ, JAY
4100A HEIGEL AVENUE
SARASOTA, FL 34242

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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: X Jay Horowitz 4/5/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HOROWITZ, JAY
STREET ADDRESS	4100A HIGEL AVE
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	S
NAME	BERLINER, IRV
STREET ADDRESS	200 PUBLIC SQUARE, STE 2300
CITY-ST-ZIP	CLEVELAND, OH
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000711530
04/26/07-80009-025 150.00

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: X J Horowitz 4/5/07 9413120302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #