

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90042 048 ***138.75

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DOCUMENT # L01000020639 1. Entity Name THE QUALITY MANAGEMENT GROUP, LLC					
Principal Place of Business 4 WEST DANIA BEACH BLVD DANIA, FL 33004			Mailing Address 4 WEST DANIA BEACH BLVD DANIA, FL 33004		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 4700 SHERIDAN STREET			
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE B			
City & State		City & State HOLLYWOOD, FLORIDA			
Zip	Country	Zip 33021		Country USA	
4. FEI Number 65-1155931			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent CROSS, K C 4 WEST DANIA BEACH BLVD DANIA, FL 33004			7. Name and Address of New Registered Agent Name CROSS, KC Street Address (P.O. Box Number is Not Acceptable) 4700 SHERIDAN STREET, SUITE B City HOLLYWOOD FL Zip Code 33021		
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 \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CROSS, K C 4 WEST DANIA BEACH BLVD DANIA, FL 33004	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CROSS, KC 4700 SHERIDAN STREET, SUITE B HOLLYWOOD, FL 33021
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:			4/30/08 954-367-4563		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					