

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000020693

FILED
Jan 05, 2004
Secretary of State

Entity Name: QUALITY CARE, LLC

Current Principal Place of Business:

17411 SW 27TH CIRCKE
OCALA, FL 34473

New Principal Place of Business:

17411 SW 27TH CIRCLE
OCALA, FL 34473

Current Mailing Address:

P.O. BOX 11262
OCALA, FL 34473

New Mailing Address:

FEI Number: 68-0517294

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIRLEY MAXINE QUEEN
17411 SW 27TH CIRCKE
OCALA, FL 34473

Name and Address of New Registered Agent:

QUEEN, SHIRLEY M
17411 SW 27TH CIRCKE
OCALA, FL 34473

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: S. MAXINE QUEEN

01/05/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: FRANKLIN LEE QUEEN,, SR.
Address: 17411 SW 27TH CIRCKE
City-St-Zip: Ocala, FL 34473

Title: MGRM () Delete
Name: SCOT LEE SAWVEY,
Address: 17411 SW 27TH CIRCKE
City-St-Zip: Ocala, FL 34473

Title: MGRM () Delete
Name: STACEY LEON CAWVEY,
Address: 17411 SW 27TH CIRCKE
City-St-Zip: Ocala, FL 34473

Title: MGRM () Delete
Name: FRANKLIN LEE QUEEN,, SR.
Address: 17411 SW 27TH CIRCKE
City-St-Zip: Ocala, FL 34473

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FRANKLIN LEE QUEEN,, SR.
Address: 17411 SW 27TH CIRCLE
City-St-Zip: Ocala, FL 34473

Title: MGRM (X) Change () Addition
Name: SCOT LEE SAWVEY,
Address: 17411 SW 27TH CIRCLE
City-St-Zip: Ocala, FL 34473

Title: MGRM (X) Change () Addition
Name: STACEY LEON CAWVEY,
Address: 17411 SW 27TH CIRCLE
City-St-Zip: Ocala, FL 34473

Title: MGRM (X) Change () Addition
Name: FRANKLIN LEE QUEEN,, JR.
Address: 17411 SW 27TH CIRCLE
City-St-Zip: Ocala, FL 34473

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 is true and accurate and that my electronic 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: FRANKLIN L. QUEEN, JR.

MGRM

01/05/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date