

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90041 007 \*\*\*\*\*5.00  
02-21-2003 90018 037 \*\*\*\*\*45.00

**DOCUMENT # L02000020693**

1. Entity Name  
**QUALITY CARE, LLC**



Principal Place of Business  
**17411 SW 27TH CIRCKE  
OCALA FL 34473**

Mailing Address  
**P.O. BOX 11262  
OCALA FL 34473**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**68-0517294**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1-30-03**

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM FRANKLIN LEE QUEEN, SR. 17411 SW 27TH CIRCKE OCALA FL 34473</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SCOT LEE SAWVEY 17411 SW 27TH CIRCKE OCALA FL 34473</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM STACEY LEON CAWVEY 17411 SW 27TH CIRCKE OCALA FL 34473</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM FRANKLIN LEE QUEEN, SR. 17411 SW 27TH CIRCKE OCALA FL 34473</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10.

ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

*[Signature]*

**OFF REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**1-30-03 (352) 307-9444**

Date

Daytime Phone #

CR2E083 (10/02)