## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000029730

Entity Name: QUALITY HEALTH CARE SERVICES LLC

FILED Apr 03, 2006 Secretary of State

| of Business:                                  | New Principal Place of Business:  |  |  |
|---|---|--|--|
| T<br>US                                       |   |  |  |
| :   | New Mailing Address   | :  |  |
| WAY<br>72                                     |   |  |  |
| FEI Number Applied For ( )                    | FEI Number Not Applicable ( )   | Certificate of Status Desired ( )  |  |
| Name and Address of Current Registered Agent: |   | Name and Address of New Registered Agent:  |  |
| US  |   |  |  |
| bmits this statement for the p                | urpose of changing its registered   | office or registered agent, or both  |  |
|   |   |  |  |
| Signature of Registered Age                   | nt  | Date   |  |
|   | US: WAY 72 FEI Number Applied For ( ) Irrent Registered Agent: US Ibmits this statement for the p | US  : New Mailing Address  WAY  72  FEI Number Applied For ( ) FEI Number Not Applicable ( )  Irrent Registered Agent: Name and Address of |  |

ADDITIONS/CHANGES:

MANAGING MEMBERS/MANAGERS:

Title: MGR ()Delete Title: ()Change ()Addition

 Name:
 BARNES, LORÍ OWNER
 Name:

 Address:
 6513 14TH ST W #125
 Address:

 City-St-Zip:
 BRADENTON, FL 34207
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: LORI BARNES OWNE 04/03/2006