2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# L02000029730

Entity Name: QUALITY HEALTH CARE SERVICES LLC

Current Principal Place of Business:

6513 14TH STREET WEST
125
BRADENTON, FL 34207 US

New Principal Place of Business:

Current Mailing Address:

7527 REGENTS GARDEN WAY
APOLLO BEACH, FL 33572

New Mailing Address:

FEI Number: 82-0570979 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARNES, LORI L
6513 14TH ST WEST
125
BRADENTON, FL 34207 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: BARNES, LORI OWNER
Address: 6513 14TH ST W #125
City-St-Zip: BRADENTON, FL 34207

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: BARNES, LORI OWNER
Address: 6513 14TH ST W #125
City-St-Zip: BRADENTON, FL 34207 US

Title: MGR ( ) Change (X) Addition
Name: BARNES, ROBERT A OWNER
Address: 6513 14TH STREET WEST SUITE 125
City-St-Zip: BRADENTON, FL 34207 US

I hereby certify that the information supplied with this filing does not qualify 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 MNGR 04/27/2007

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