

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000029730

FILED
Mar 31, 2009
Secretary of State

Entity Name: QUALITY HEALTH CARE SERVICES LLC

Current Principal Place of Business:

6513 14TH STREET WEST
125
BRADENTON, FL 34207 US

Current Mailing Address:

7527 REGENTS GARDEN WAY
APOLLO BEACH, FL 33572

New Principal Place of Business:

6513 14TH STREET WEST
103
BRADENTON, FL 34207 US

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:

BARNES, LORI L
6513 14TH ST WEST
103
BRADENTON, FL 34207 US

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: LORI BARNES RN LNC

03/31/2009

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 US

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BARNES, LORI OWNER
Address: 6513 14TH ST W #103
City-St-Zip: BRADENTON, FL 34207 US

Title: MGR (X) Change () Addition
Name: BARNES, ROBERT A OWNER
Address: 6513 14TH STREET WEST SUITE 103
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 RN LNC

PRES

03/31/2009

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