

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**

04 APR 20 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BK



03292004 Chg-LLC CR2E083 (10/03)

|   |   |  |   |   |  |
|---|---|--|---|---|--|
| <b>DOCUMENT # L02000032062</b>  |   |  |   |   |  |
| 1. Entity Name<br>QUALITY NURSING HOME MANAGEMENT, LLC  |   |  |   |   |  |
| Principal Place of Business<br>1351 SAN CHRISTOPHER<br>DUNEDIN, FL  |   |  | Mailing Address<br>440 PHIPPEN RD<br>DANIA, FL 33004  |   |  |
| 2. Principal Place of Business<br>1351 SAN CHRISTOPHER DR<br>DUNEDIN, FL  |   |  | 3. Mailing Address<br>5300 W 16 AVE<br>HIALEAH, FL  |   |  |
| Suite, Apt. #, etc.<br>DUNEDIN, FL  |   |  | Suite, Apt. #, etc.<br>HIALEAH, FL  |   |  |
| City & State  |   |  | City & State  |   |  |
| Zip<br>34698  | Country<br>USA  | Zip<br>33012                               | Country<br>USA  | 4. FEI Number<br>13-4229794   |  |
|   |   |  |   | Applied For<br>Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required  |   |  |   |   |  |
| 6. Name and Address of Current Registered Agent<br>CROSS, K.C.<br>440 PHIPPEN RD<br>DANIA, FL 33004   |   |  | 7. Name and Address of New Registered Agent<br>Corp.Direct Agents, Inc.<br>103 N. Meridian Street, Lower Level<br>Tallahassee, FL 32301 |   |  |
|   |   |  | 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 <u>E.C. L. Asst. Secretary</u> DATE <u>4/20/04</u>  |   |  |   |   |  |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  |   |  |   |   |  |
| Filing Fee is \$50.00<br>Due by May 1, 2004   |   |  | Make check payable to<br>Florida Department of State  |   |  |
| 9. MANAGING MEMBERS/MANAGERS  |   |  | 10. ADDITIONS/CHANGES   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>CROSS, K.C.<br>440 PHIPPEN RD<br>DANIA, FL 33004 | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>K.C. Cross<br>5300 W. 16 <sup>th</sup> Avenue<br>Hialeah, FL 33012 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>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: <u>[Signature]</u>   |   |  | Date <u>4/15/04</u>   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |   |  |   |   |  |