
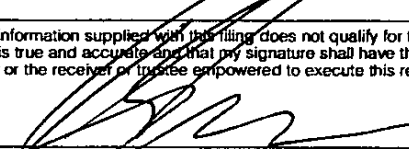


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2005 8:00 am
Secretary of State

03-09-2005 90007 019 ****50.00

DOCUMENT # L02000032062 1. Entity Name QUALITY NURSING HOME MANAGEMENT, LLC					
Principal Place of Business 1351 SAN CHRISTOPHER DRIVE DUNEDIN, FL 34698			Mailing Address 5300 WEST 16TH AVENUE HIALEAH, FL 33012		
2. Principal Place of Business		3. Mailing Address 8004 NW 154 ST			
Suite, Apt. #, etc. 383		Suite, Apt. #, etc. 383			
City & State MIAMI LAKES, FL		City & State MIAMI LAKES, FL			
Zip 33016	Country USA	4. FEI Number 13-4229794		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent CORP. DIRECT AGENTS, INC. 103 N. MERIDIAN STREET, LOWER LEVEL TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CROSS, K C 5300 W. 16TH AVENUE HIALEAH, FL 33012	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CROSS, K-C. 8004 NW 154 ST, STE 383 MIAMI LAKES, FL 33016-5814	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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:  K.C. CROSS 1/18/05 305-556-3500					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					