

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90042 041 ***138.75

DOCUMENT # L02000032062	
1. Entity Name QUALITY NURSING HOME MANAGEMENT, LLC	

60039360

Principal Place of Business 1351 SAN CHRISTOPHER DRIVE DUNEDIN, FL 34698	Mailing Address 4 WEST DANIA BEACH BLVD DANIA, FL 33004 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 4700 SHERIDAN STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE B
City & State	City & State HOLLYWOOD, FLORIDA
Zip	Zip 33021
Country	Country USA



03202008 Chg-LLC CR2E083 (12/06)

4. FEI Number 13-4229794	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CROSS, K C 4 WEST BEACH BLVD DANIA, FL 33004	
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7. Name and Address of New Registered Agent	
Name CROSS, KC	
Street Address (P.O. Box Number is Not Acceptable) 4700 SHERIDAN STREET, SUITE B	
City HOLLYWOOD	FL Zip Code 33021

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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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 4 WEST DANIA BEACH BLVD DANIA, FL 33004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CROSS, KC 4700 SHERIDAN STREET, SUITE B HOLLYWOOD, FL. 33021 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 exemptions contained in Chapter 119, 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/30/08 954-367-4563
Date Daytime Phone #