

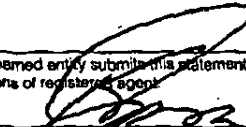
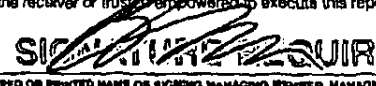
FILED
Sep 19, 2003 8:00 am
Secretary of State

8/1

08-14-2003 90047 014 *****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

55056870

DOCUMENT # L02000032062			
1. Entity Name QUALITY NURSING HOME MANAGEMENT, LLC			
Principal Place of Business 804 WEST ORCHARD CIRCLE DAVIE FL 33328		Mailing Address 2804 WEST ORCHARD CIRCLE DAVIE FL 33328	
2. Principal Place of Business 1351 SAN CHRISTOPHER Suite, Apt. #, etc.		3. Mailing Address 440 PHILIPPIAN RD Suite, Apt. #, etc.	
City & State DUNEDIN FL		City & State DAVIE FL	
Zip 33504		Country BARBADOS	
4. FEI Number 13-4229794		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		☒ CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent CROSS, K.C. 804 WEST ORCHARD CIRCLE DAVIE FL 33328		7. Name and Address of New Registered Agent Name K.C. CROSS Street Address (P.O. Box Number is Not Acceptable) 440 PHILIPPIAN RD City DAVIE FL Zip Code 33328	
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  8/4/03 (NOTE: Registered Agent signature required when amending)			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 24, 2003			
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Pres. don't K.C. CROSS 440 PHILIPPIAN RD DAVIE, FL 33328		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ 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: 		8/4/03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			