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

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

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #L02000032062

1. Entity Name

QUALITY NURSING HOME MANAGEMENT, LLC

55056870

[redacted]

Principal Place of Business	Mailing Address
~~884 WEST ORCHARD CIRCLE DAVIE FL 33328~~	~~2884 WEST ORCHARD CIRCLE DAVIE FL 33328~~

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1351 San Christopher	440 Phippen Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Dunedin, FL	City & State: Dania FL
Zip:	Zip: 33004
Country:	Country: Broward

4. FEI Number: 13-4229794 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CROSS, K.C.
~~8884 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 Phippen Rd

City: Dania FL Zip Code: 33004

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 [signature] 8/4/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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: President NAME: KC Cross STREET ADDRESS: 440 Phippen Rd CITY-ST-ZIP: Dania, FL 33004	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (4/03)

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: SIGNATURE REQUIRED K.C. Cross 8/4/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #