


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L03000053506</b> 1. Entity Name <b>QUALITY TOTAL CARE, LLC</b>					
Principal Place of Business <b>440 PHIPPEN-WAITERS ROAD DANIA BEACH, FL 33004</b>			Mailing Address <b>440 PHIPPEN-WAITERS ROAD DANIA BEACH, FL 33004</b>		
2. Principal Place of Business <b>4445 PINE FOREST DR LAKE WORTH, FL</b>		3. Mailing Address Suite, Apt. #, etc. City & State Zip <b>33463</b> Country <b>USA</b>			
Suite, Apt. #, etc. <b>LAKE WORTH, FL</b>		Suite, Apt. #, etc. City & State Zip <b>33463</b> Country <b>USA</b>			
City & State <b>LAKE WORTH, FL</b>		City & State <b>LAKE WORTH, FL</b>			
Zip <b>33463</b>		Country <b>USA</b>			
4. FEI Number <b>20-0531834</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required			
6. Name and Address of Current Registered Agent <b>CORPDIRECT AGENTS, INC. 103 NORTH MERIDIAN STREET, LOWER LEVEL TALLAHASSEE, FL 32301</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> _____			<b>4/15/04</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		

**FILED**  
 04 APR 20 AM 10:11  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



03302004 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-0531834**

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

CORPDIRECT AGENTS, INC.  
103 NORTH MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
**FL** Zip Code

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**SIGNATURE:** \_\_\_\_\_ **4/15/04**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #