

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90030 004 ****50.00

DOCUMENT # L03000053506

1. Entity Name
QUALITY TOTAL CARE, LLC



Principal Place of Business
**2445 PINE FOREST DRIVE
LAKE WORTH, FL 33463 US**

Mailing Address
**8004 NORTHWEST 154 STREET
SUITE 383
MIAMI LAKES, FL 33016-5814 US**



01262006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0531834

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPDIRECT AGENTS, INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
CROSS, K C
8004 NORTHWEST 154 STREET SUITE 383
MIAMI LAKES, FL 330165814**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

4/14/06

Date

3055563500

Daytime Phone #