## \_\_2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L04000016318

1. Entity Name

QUANTUM HEALTH SYSTEMS, LLC



Principal Place of Business

1740 PERSIMMON DRIVE NAPLES, FL 34109 US Mailing Address

1740 PERSIMMON DRIVE NAPLES, FL 34109 US

### FILED Mar 19, 2008 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

03152008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 11-3713159 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, CARISA A 1740 PERSIMMON DRIVE NAPLES, FL 34109

# 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

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

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONES, CARISA A 1740 PERSIMMON DRIVE NAPLES, FL 34109
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-U00000864180 04/04/08-80003-009 138.75

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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

3-13-08

239 594-0766

Date

Daytime Phone #