2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 28, 2007 08:00 A
Secretary of State

DOCUMENT # L04000075053

1. Entity Name
CHILDREN'S QUALITY CARE LLC

Principal Place of Business	Mailing Address
2525 HARBOR BLVD SIUTE 204 PORT CHARLOTTE, FL 33952 US	2525 HARBOR BLVD SIUTE 204 PORT CHARLOTTE, FL 33952 US

05092007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1793223
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CHIDREN'S QUALITY CARE
2525 HARBOR BLVD
SUITE 204
PORT CHARLOTTE, FL 33952

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

Filing Fee is $50.00
Due by September 14, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	CHILDREN'S QUALITY CARE
STREET ADDRESS	2525 HARBOR BLVD. SUITE 204
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/28/07-80002-003 50.00

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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] MD RHONA HOLGANZA, MD 941 629-2922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #