2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2006
Secretary of State

DOCUMENT# L05000119327

Entity Name: QUANTUM CARE, LLC

Current Principal Place of Business:

1560 SAWGRASS CORP. PARKWAY
SUITE 410
SUNRISE,, FL 33323

New Principal Place of Business:

1560 SAWGRASS CORP. PARKWAY
SUITE 435
SUNRISE,, FL 33323

Current Mailing Address:

1560 SAWGRASS CORP. PARKWAY
SUITE 410
SUNRISE,, FL 33323

New Mailing Address:

1560 SAWGRASS CORP. PARKWAY
SUITE 435
SUNRISE,, FL 33323

FEI Number: 11-3765288 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RELIASERVE, LLC
1560 SAWGRASS CORP. PKWY.
SUITE 410
SUNRISE, FL 33323 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: LYNCH, MICHAEL P
Address: 3023 SW 141 TERRACE
City-St-Zip: DAVIE, FL 33330

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL LYNCH PRES 03/27/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date