2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2007
Secretary of State

DOCUMENT# L05000119327

Entity Name: QUANTUM CARE, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

12401 ORANGE DRIVE
SUITE 212
DAVIE, FL 33330

Current Mailing Address:

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

New Mailing Address:

12401 ORANGE DRIVE
SUITE 212
DAVIE, FL 33330

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:

RELIASERVE, LLC
12401 ORANGE DRIVE
SUITE 213
DAVIE, FL 33330 US

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: _____ 04/28/2007
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 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 04/28/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date