

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000029486

Entity Name: QUALITY FAMILY CARE, LLC

FILED
May 08, 2008
Secretary of State

Current Principal Place of Business:

5700 LAKE WORTH RD
STE 209-9
GREENACRES, FL 33463

Current Mailing Address:

5700 LAKE WORTH RD
STE 209-9
GREENACRES, FL 33463

New Principal Place of Business:

5700 LAKE WORTH RD
STE 311-2
GREENACRES, FL 33463

New Mailing Address:

5700 LAKE WORTH RD
STE 311-2
GREENACRES, FL 33463

FEI Number: 84-1706080 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

VELEZ, JESSENIA
14466 68TH ST NORTH
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

VELEZ, JESSENIA
14617 63 RD CT NORTH
LOXAHATCHEE, FL 33470 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: JESSENIA I VELEZ

05/08/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRP () Delete
Name: VELEZ, JUAN
Address: 14466 68TH ST N
City-St-Zip: LOXAHATCHEE, FL 33470

Title: MGRM () Delete
Name: VELEZ, JESSENIA
Address: 14466 68TH ST NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES:

Title: MGRP (X) Change () Addition
Name: VELEZ, JUAN
Address: 14617 63 RD CT NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

Title: MGRM (X) Change () Addition
Name: VELEZ, JESSENIA
Address: 14617 63RD CT NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

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: JUAN VELEZ

MGRP

05/08/2008

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