

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000006399

Entity Name: QUALITY CARES, LLC

FILED
Jul 30, 2008
Secretary of State

Current Principal Place of Business:

861 SE FLEMING WAY
STUART, FL 349971548

New Principal Place of Business:

4995 SE MANATEE TERRACE
STUART, FL 34997

Current Mailing Address:

861 SE FLEMING WAY
STUART, FL 349971548

New Mailing Address:

4995 SE MANATEE TERRACE
STUART, FL 34997

FEI Number: 74-3202829 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:

OSWALD, MICHELE
861 SE FLEMING WAY
STUART, FL 349971548 US

Name and Address of New Registered Agent:

OSWALD, MICHELE
4995 SE MANATEE TERRACE
STUART, FL 34997 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:

07/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: OSWALD, MICHELE
Address: 861 SE FLEMING WAY
City-St-Zip: STUART, FL 349971548

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: OSWALD, MICHELE
Address: 4995 SE MANATEE TERRACE
City-St-Zip: STUART, FL 34997

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: MICHELE OSWALD

MGRM

07/30/2008

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