

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000006399

Entity Name: QUALITY CARES, LLC

FILED
May 02, 2009
Secretary of State

Current Principal Place of Business:

5016 SE MANATEE TERRACE
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 772
PORT SALERNO, FL 34992

New Mailing Address:

FEI Number: 74-3202829 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

PENCE, MICHELE
4995 SE MANATEE TERRACE
STUART, FL 34997 US

Name and Address of New Registered Agent:

PENCE, JR, EDWIN J
5016 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: EDWIN PENCE JR.

05/02/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PENCE, MICHELE
Address: 4995 SE MANATEE TERRACE
City-St-Zip: STUART, FL 34997

Title: MGRM () Delete
Name: PENCE, EDWIN JR.
Address: 5016 SE MANATEE TERRACE
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES:

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

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: EDWIN PENCE JR.

MGRM

05/02/2009

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