

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000001893

FILED
Apr 27, 2008
Secretary of State

Entity Name: QUALITY HEALTH CAREERS, LLC

Current Principal Place of Business:

1227 JUNIPER HAMMOCK STREET
WINTER GARDEN, FL 34787

New Principal Place of Business:

Current Mailing Address:

1227 JUNIPER HAMMOCK STREET
WINTER GARDEN, FL 34787

New Mailing Address:

FEI Number: 26-1735054

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANKENBERRY, STEPHEN
1227 JUNIPER HAMMOCK STREET
WINTER GARDEN, FL 34787 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: BOYKIN, APRIL
Address: 1227 JUNIPER HAMMOCK STREET
City-St-Zip: WINTER GARDEN, FL 34787

Title: MGRM () Delete
Name: FRANKENBERRY, STEPHEN
Address: 1227 JUNIPER HAMMOCK STREET
City-St-Zip: WINTER GARDEN, FL 34787

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: APRIL BOYKIN

MGRM

04/27/2008

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