2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2012
Secretary of State

DOCUMENT# L11000075287

Entity Name: HARVIN QUALITY CARE, LLC

Current Principal Place of Business:

906 CONYERS STREET
HAVANA, FL 32333

New Principal Place of Business:

Current Mailing Address:

906 CONYERS STREET
HAVANA, FL 32333

New Mailing Address:

FEI Number: 45-2598917 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HARVIN, LAKLESHIA W
906 CONYERS STREET
HAVANA, FL 32333 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: MGR
Name: HARVIN, LAKLESHIA W
Address: 906 CONYERS STREET
City-St-Zip: HAVANA, FL 32333

I hereby 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 Statues.

SIGNATURE: LAKLESHIA W. HARVIN MGR 04/09/2012

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