


FILE NOW: FILING FEE IS \$61.25

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Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90085 007 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N30806					
1. Corporation Name QUALITY CARE ADVOCATES, INC.					
Principal Place of Business 710 SPRINGLAKE BLVD., N.W. PORT CHARLOTTE FL 33952			Mailing Address 710 SPRINGLAKE BLVD., N.W. PORT CHARLOTTE FL 33952		



2. Principal Place of Business 21 575 NW FENTON AVE.		2a. Mailing Address 26 P.O. BOX 2213		3. Date Incorporated or Qualified 02/21/1989																																																													
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0194891																																																													
City & State 23 PORT CHARLOTTE, FL		City & State 28 PORT CHARLOTTE, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																													
Zip 24 33952-7804		Country 25 CHARLOTTE		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees																																																													
29 33949-2213		30 CHARLOTTE		10. Name and Address of New Registered Agent 81 Name LINDA POUNDS, DIRECTOR 82 Street Address (P.O. Box Number is Not Acceptable) 575 NW FENTON AVE 83 84 City PORT CHARLOTTE, FL 85 Zip Code 33952-7804																																																													
9. Name and Address of Current Registered Agent RANDALL, CLARENCE 710 SPRINGLAKE BLVD., NW PORT CHARLOTTE FL 33952																																																																	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 617.0803, Florida Statutes. SIGNATURE <i>[Signature]</i> DATE 2/19/99																																																																	
12. OFFICERS AND DIRECTORS																																																																	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **2/19/99** DAYTIME PHONE #: **941-743-0987**