

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2009
Secretary of State

DOCUMENT# N30806

Entity Name: QUALITY CARE ADVOCATES, INC.

Current Principal Place of Business:

575 NW FENTON AVE
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

PO BOX 494224
PORT CHARLOTTE, FL 339494224

New Mailing Address:

FEI Number: 65-0194891 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

POUNDS, LINDA
575 NW FENTON AVE
PORT CHARLOTTE, FL 33952 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

OFFICERS AND DIRECTORS:

Title: T/PD () Delete
Name: POUNDS, LINDA
Address: 575 NW FENTON AVE
City-St-Zip: PT CHARLOTTE, FL

Title: P/D () Delete
Name: GERACI, RON
Address: 333 ORANGE DRIVE
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VP/D () Delete
Name: ANDERSON, JEANNE
Address: 949 TAMIANI TRAIL SUITE 203
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: D () Delete
Name: RICHARDSON, AMY
Address: 1504 KINGS HWY. SUITE 100
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: D () Delete
Name: EZZI, CINDA
Address: 32521 WASHINGTON LOOP DR.
City-St-Zip: PUNTA GORDA, FL 33982

Title: D () Delete
Name: ROSS, BURTON
Address: 2605 TAMAMIAMI TRAIL
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T/PD (X) Change () Addition
Name: POUNDS, LINDA
Address: 575 NW FENTON AVE
City-St-Zip: PT CHARLOTTE, FL 33952

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

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

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

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA CAROL POUNDS

T/PD

05/29/2009

Electronic Signature of Signing Officer or Director

_____ Date