

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30806

FILED  
May 29, 2009  
Secretary of State

**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:**

**Name and Address of New Registered Agent:**

POUNDS, LINDA  
575 NW FENTON AVE  
PORT CHARLOTTE, FL 33952      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: \_\_\_\_\_

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 TAMIAHI 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