

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30806

FILED
Apr 13, 2012
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 ()

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
Name: POUNDS, LINDA
Address: 575 NW FENTON AVE
City-St-Zip: PT CHARLOTTE, FL 33952

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

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

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

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

Title: D
Name: ROSS, BURTON
Address: 2605 TAMiami TRAIL
City-St-Zip: PORT CHARLOTTE, FL 33952

I hereby 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 all other like empowered.

SIGNATURE: LINDA POUNDS

TREA

04/13/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date