2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000007323

Entity Names OHALITY CADE THEDADY

FILED Apr 24, 2006 Secretary of State

Entity Name: QUALITY CARE THERAPY, INC. **Current Principal Place of Business: New Principal Place of Business:** 1840 WEST 49TH STREET SUITE 600 HIALEAH, FL 33012 **Current Mailing Address: New Mailing Address:** 1395 CANARY ISLAND DRIVE WESTON, FL 33327 FEI Number: 65-0977404 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CAMACHO, JORGE 1395 CANARY ISLAND DR WESTON WESTON, FL 33327 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition CAMACHO, JORGE Name: Name: 1395 CANARY ISLAND DR Address: Address: City-St-Zip: WESTON, FL 33327 City-St-Zip: Title: VPT () Delete Title: () Change () Addition TOVAR, YANET Name: Name: 1395 CANARY ISLAND DR Address: Address: WESTON, FL 33327 City-St-Zip: City-St-Zip: Title: Title: SD () Delete () Change () Addition RUIZ, ALDO Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JORGE CAMACHO PD 04/24/2006

7400 SW 87TH AVENUE, SUITE 200

MIAMI, FL 33173

Address: City-St-Zip: