## 2005 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P00000066705

Entity Name: QUALITY "CARE" RELIEF, INC.

1860 NE 154TH STREET

NORTH MIAMI BEACH, FL 33162

Address: City-St-Zip: FILED Apr 26, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4141 NORTH MIAMI AVENUE 1132 NW 37TH STREET **SUITE #303** MIAMI, FL 33127 MIAMI, FL 33127 **Current Mailing Address: New Mailing Address:** 4141 NORTH MIAMI AVENUE 12076 SW 25 TR HOMESTEAD, FL 33032 SUITE 303 MIAMI, FL 33127 FEI Number: 65-1027281 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SWEET, NATHANIEL J SWEET, NATHANIEL J 12076 SW 251 TERR 1132 NW 37TH STREET PRINCETON, FL 33032 US MIAMI, FL 33127 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: NATHANIEL SWEET 04/26/2005 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 SWEET, NATHANIEL J Name: Name: 12076 SW 251 TR Address: Address: City-St-Zip: PRINCETON, FL 33032 City-St-Zip: Title: Title: () Delete () Change () Addition Name: BUIE. DERRICK L Name: 21240 VAN BUREN STREET Address: Address: SOUTHFIELD, MI 48034 City-St-Zip: City-St-Zip: Title: Title: (X) Delete () Change () Addition NOTTAGE, ANGELA M RN Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NATHANIEL SWEET P 04/26/2005