


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P00791 1. Entity Name QUALITY HEALTH OF SARASOTA COUNTY, INC.	
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Principal Place of Business 5100 POPLAR SUITE 2220, CLARK TOWER MEMPHIS, TN 38137	Mailing Address 5100 POPLAR SUITE 2220, CLARK TOWER MEMPHIS, TN 38137
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DO NOT WRITE IN THIS SPACE



03022004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0690155	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000089107 03/15/04-80079-024 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD BAKER, MARTIN H 202 HILLENDALE DR HATTIESBURG, MS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FAUST, JOHN M 125 SOUTH 28TH AVE HATTIESBURG, MS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD LOW, JOHN T C 133 OLYMPIA FIELDS JACKSON, MS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAUST, DELLA ROSE 125 SOUTH 28TH AVE HATTIESBURG, MS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, SUZANNE 202 HILLENDALE DR HATTIESBURG, MS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GEORGIA, BUCHANAN 129 N STATE ST JACKSON, MS 39205

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	3/12/04	601-264-3519
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>