

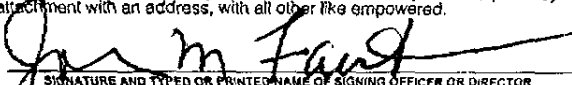


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P00791 1. Entity Name QUALITY HEALTH OF SARASOTA COUNTY, INC.		
Principal Place of Business 1181 VICKERY LANE SUITE 200 CORDOVA, TN 38016-0632	Mailing Address 1181 VICKERY LANE SUITE 200 CORDOVA, TN 38016-0632	
DO NOT WRITE IN THIS SPACE		02212006 No Chg-P CR2E034 (11/05)
4. FEI Number 65-0690155		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
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		
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 (NOTE: Registered Agent signatures required when reconstituting)</small>		
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>		
10. OFFICERS AND DIRECTORS		
TITLE	VPSO	DO NOT WRITE IN THIS SPACE
NAME	BAKER, MARTIN H	
STREET ADDRESS	202 HILLENDALE DR	
CITY-ST-ZIP	HATTIESBURG, MS	
TITLE	PD	
NAME	FAUST, JOHN M	
STREET ADDRESS	125 SOUTH 28TH AVE	
CITY-ST-ZIP	HATTIESBURG, MS	DO NOT WRITE IN THIS SPACE
TITLE	VPSO	
NAME	LOW, JOHN T C	
STREET ADDRESS	133 OLYMPIA FIELDS	
CITY-ST-ZIP	JACKSON, MS	
TITLE	D	
NAME	FAUST, DELLA ROSE	
STREET ADDRESS	125 SOUTH 28TH AVE	DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP	HATTIESBURG, MS	
TITLE	D	
NAME	BAKER, SUZANNE	
STREET ADDRESS	202 HILLENDALE DR	
CITY-ST-ZIP	HATTIESBURG, MS	
TITLE	VD	
NAME	BUCHANAN, ROBERT	
STREET ADDRESS	129 N STATE ST	DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP	JACKSON, MS 39205	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Date: 3/16/06		
Daytime Phone:		