


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 20, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P00791</b> 1. Entity Name QUALITY HEALTH OF SARASOTA COUNTY, INC.	
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Principal Place of Business 1181 VICKERY LANE SUITE 200 CORDOVA, TN 38016-0632	Mailing Address 1181 VICKERY LANE SUITE 200 CORDOVA, TN 38016-0632
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01312008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0690155	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324
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**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.

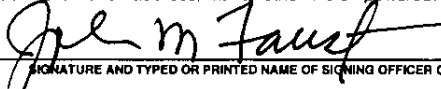
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP 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	VP 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 BUCHANAN, ROBERT 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 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:**  **3-17-08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #