

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00791

FILED  
Feb 14, 2011  
Secretary of State

**Entity Name:** QUALITY HEALTH OF SARASOTA COUNTY, INC.

**Current Principal Place of Business:**

1181 VICKERY LANE  
SUITE 200  
CORDOVA, TN 380160632

**New Principal Place of Business:**

**Current Mailing Address:**

1181 VICKERY LANE  
SUITE 200  
CORDOVA, TN 380160632

**New Mailing Address:**

**FEI Number:** 65-0690155

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: VPD  
Name: BAKER, MARTIN H  
Address: 202 HILLENDALE DR  
City-St-Zip: HATTIESBURG, MS

Title: PD  
Name: FAUST, JOHN M  
Address: 125 SOUTH 28TH AVE  
City-St-Zip: HATTIESBURG, MS

Title: SD  
Name: LOW, JOHN T C  
Address: 133 OLYMPIA FIELDS  
City-St-Zip: JACKSON, MS

Title: D  
Name: FAUST, DELLA ROSE  
Address: 125 SOUTH 28TH AVE  
City-St-Zip: HATTIESBURG, MS

Title: D  
Name: BAKER, SUZANNE  
Address: 202 HILLENDALE DR  
City-St-Zip: HATTIESBURG, MS

Title: TD  
Name: BUCHANAN, ROBERT  
Address: 129 N STATE ST  
City-St-Zip: JACKSON, MS 39205

I hereby 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 all other like empowered.

SIGNATURE: JOHN M FAUST

PRES

02/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date