

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2005 8:00 am**  
**Secretary of State**

03-09-2005 90036 004 \*\*\*150.00

<b>DOCUMENT # P01000043993</b> 1. Entity Name <b>QUALITY HEALTH CARE MANAGEMENT, INC.</b>					
Principal Place of Business <b>5300 W. 16TH AVE. HIALEAH, FL 33012</b>			Mailing Address <b>5300 W. 16TH AVE. HIALEAH, FL 33012</b>		
2. Principal Place of Business <b>8004 NW 154 ST Suite, Apt. #, etc. 383</b>		3. Mailing Address <b>8004 NW 154 ST Suite, Apt. #, etc. 383</b>			
City & State <b>MIAMI LAKES, FL</b>		City & State <b>MIAMI LAKES, FL</b>		4. FEI Number <b>65-1099238</b>	
Zip <b>33016-5814</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CORPDIRECT AGENTS, INC. 103 N. MERIDIAN STREET LOWER LEVEL TALLAHASSEE, FL 32301</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CROSS, K.C. 5300 W. 16TH AVE. HIALEAH, FL 33012</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CROSS, K.C. 8004 NW 154 ST, STE 383 MIAMI LAKES, FL 33016-5814</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 another like empowered.					
<b>SIGNATURE:</b> _____ <b>K.C. CROSS</b> <b>1/18/05</b> <b>305-556-3500</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					