2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State
04-16-2003 90191 002 ***150.00

DOCUMENT # P01000060918

1. Entity Name
VENTURE QUALITY CARE, INC.

Principal Place of Business	Mailing Address
5225 NW 49TH STREET COCONUT CREEK, FL 33073	5225 NW 49TH STREET COCONUT CREEK, FL 33073

2. Principal Place of Business	3. Mailing Address
SAME AS ABOVE	SAME AS ABOVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1114380 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TAX MANAGEMENT CORP. C/O ANTHONY V. SALERNO 9016 VILLA PORTOFINO CIRCLE BOCA RATON, FL 33496	Name: Rupert G. Brammer Street Address (P.O. Box Number is Not Acceptable) 5225 N.W. 49TH Street City: Coconut Creek FL Zip Code: 33073

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: * Rupert G. Brammer / /2003
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent's signature required when changing) — DATE

~~Filing Fee: $35.00 If filed after April 1, 2003 the fee will be $550.00~~
~~After May 1, 2003 Fee will be $550.00~~
~~Make Check Payable to Florida Department of State~~

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRAMMER, RUPERT G 5225 NW 49TH STREET COCONUT CREEK, FL 33073	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D QUEEMER, DENNIS CHIN 5434 NW 48TH STREET COCONUT CREEK, FL 33073	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TRAFFAS, MICHAEL A 5720 HWY 47 CARTON, OR 97111	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director of Administrations MICHAEL A. TRAFFAS 7520 SW SCHOLL FERRY RD. APT B3 BEAVERTON, OR 97008	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: * Rupert G. Brammer / /2003
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone Number