

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000088936

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

**Entity Name:** QUALITY CARE MANAGEMENT INC.

**Current Principal Place of Business:**

500 STATE ROAD 436  
SUITE 2050  
CASSELBERRY, FL 32707

**New Principal Place of Business:**

**Current Mailing Address:**

500 STATE ROAD 436  
SUITE 2050  
CASSELBERRY, FL 32707

**New Mailing Address:**

**FEI Number:** 59-3745474

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COLE, NORMA  
500 STATE ROAD 436  
SUITE 2050  
CASSELBERRY, FL 32707 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:** D  
**Name:** COLE, NORMA  
**Address:** 500 STATE ROAD 436 STE 2050  
**City-St-Zip:** CASSELBERRY, FL 32707

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:** NORMA COLE

D

04/29/2012

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

\_\_\_\_\_  
Date