


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000033170**

1. Entity Name  
**M & C QUALITY CARE, INC.**



Principal Place of Business      Mailing Address

**2589 ALBURY AVE**      **206 W VOORHIS AVE**  
**DELTON A, FL 32738**      **DELAND, FL 32720**

**DO NOT WRITE IN THIS SPACE**



D1182006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**82-0539375**       Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CURRY, MABLE**  
**2589 ALBURY AVE**  
**DELTON A, FL 32738**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD EDWARDS, CYNTHIA 2589 ALBURY AVE DELTON A, FL 32738
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDS CURRY, MABLE 2589 ALBURY AVE DELTON A, FL 32738
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CURRY, EDGAR 2589 ALBURY AVE DELTONA, FL 32738
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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 04/20/06-80039-013 150.0

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: Mable Curry      4-1-06      386-943-4026  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Overtime Phone #