

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90111 012 ***150.00

UBR2173 AV

DOCUMENT # P02000033170

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



Principal Place of Business
**2589 ALBURY AVE
DELTON A FL 32738**

Mailing Address
**2589 ALBURY AVE
DELTON A FL 32738**

2. Principal Place of Business

3. Mailing Address
206 W Voorhis Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Deland FL

4. FEI Number

82-0539375

Applied For

Not Applicable

Zip

Country

Zip

Country

32720

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**EDWARDS, CYNTHIA
2589 ALBURY AVE
DELTON A FL 32738**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

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

TITLE **D** Delete
NAME **EDWARDS, CYNTHIA**
STREET ADDRESS **2589 ALBURY AVE**
CITY-ST-ZIP **DELTON A FL 32738**

TITLE **D** Delete
NAME **CURRY, MABLE**
STREET ADDRESS **2589 ALBURY AVE**
CITY-ST-ZIP **DELTON A FL 32738**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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: *Mable Curry* MABLE CURRY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 6, 2003

Date

386-943-4026

Daytime Phone #

CR2E034 (10/02)