
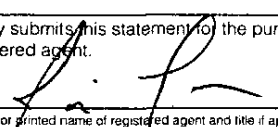
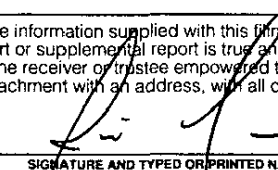


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90679 012 ***150.00

DOCUMENT # P03000019149 1. Entity Name QUALITY CARE CREDIT, INC.			
Principal Place of Business 1403 DUNN AVE. SUITE 16 JACKSONVILLE FL 32218		Mailing Address 1403 DUNN AVE. SUITE 16 JACKSONVILLE FL 32218	
2. Principal Place of Business 10650 HAVERFORD RD Suite, Apt. #, etc. 7		3. Mailing Address P.O. Box 26032 Suite, Apt. #, etc.	
City & State JAX, FL		City & State JAX, FL	
Zip 32218		Zip 32226	
Country USA		Country USA	
6. Name and Address of Current Registered Agent FIELDS, JIM 1403 DUNN AVE. SUITE 16 JACKSONVILLE FL 32218		7. Name and Address of New Registered Agent Name Jim Fields Street Address (P.O. Box Number is Not Acceptable) 10650 HAVERFORD ROAD SUITE 7 City Jacksonville FL Zip Code 32218	
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 2-9-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P FIELDS, JIM J 409 JAX ESTATES DRIVE N. JACKSONVILLE FL 32218 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FIELDS, YOULONDA 409 JAX ESTATES DRIVE N. JACKSONVILLE FL 32218 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOVINGS, DELISA 1403 DUNN AVE., SUITE 16 JACKSONVILLE FL 32218 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition T LOVINGS, DELISA P.O. Box 26032 JAX, FL 32226
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
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
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 all other like empowered.			
SIGNATURE: 		Date 2-9-04 Daytime Phone # (904) 696-1888	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			