## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000105112

Entity Name: QUALITY CARE SUPPORT SERVICES 51, INC.

FILED May 18, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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2404 CESERY BLVD 2121 CORPORATE SQUARE BLVD SUITE 120 JACKSONVILLE, FL 32211 JACKSONVILLE, FL 32216

**Current Mailing Address: New Mailing Address:** 

2121 CORPORATE SQUARE BLVD SUITE 120 2404 CESERY BLVD JACKSONVILLE, FL 32216 JACKSONVILLE, FL 32211

FEI Number: 86-1112767 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

ALPHONSE, EUGENE J CPA RONALD, DIXON W 2121 CORPORATE SQUARE BLVD SUITE 120 2018 SMITH ST ORANGE PARK, FL 320735543 US JACKSONVILLE, FL 32216

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: RONALD W. DIXON 05/18/2006

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition CLARK, GAIL M CLARK, GAIL M Name: Name:

7510 MCCOWAN DR 2404 CESERY BLVD Address: Address: City-St-Zip: JACKSONVILLE, FL 32244 City-St-Zip: JACKSONVILLE, FL 32211

Title: Title: () Delete () Change () Addition DIXON, RONALD W Name: Name:

2404 CESERY BLVD Address: Address: JACKSONVILLE, FL 32211 City-St-Zip: City-St-Zip:

Title: Title: () Delete ( ) Change (X) Addition

Name: DIXON, RONALD W Name: 2404 CESERY BLVD Address Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32211

Title: () Delete Title: ( ) Change (X) Addition

DIXON, RONALD W Name: Name: Address: Address: 2404 CESERY BLVD City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32211

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RONALD W. DIXON ٧ 05/18/2006