## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000128498

INVERNESS, FL 34453

City-St-Zip:

Entity Name: QUALITY CARE SITE PREP, INC.

FILED Jul 09, 2008 Secretary of State

-		,			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
2277 HWY INVERNES	′ 41 N. SS, FL 34453		1902 W MAIN ST INVERNESS, FL 3445	52	
Current M	lailing Addres	ss:	New Mailing Address	New Mailing Address:	
2277 HWY INVERNES	′ 41 N. SS, FL 34453		PO BOX 156 INVERNESS, FL 3445	310056 US	
FEI Number	: 51-0524423	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
209 COUR INVERNES The above	named entity	JARE US	purpose of changing its registered	d office or registered agent, or both,	
	e of Florida. 				
SIGNATUI		nic Signature of Registered Ag	ont	 Date	
Election Car	ce with s. 607.19	3(2)(b), F.S., the corporation did no g Trust Fund Contribution ( ).	ot receive the prior notice.	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	BROOKS, JAM 3311 E. MARC INVERNESS, F	IA STREET L 34453	Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	V.P. ( BROOKS, TAM 3311 E. MARC		Title: Name: Address:	( ) Change ( ) Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JAMES L BROOKS PRES 07/09/2008