

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000128498

**FILED**  
**May 23, 2011**  
**Secretary of State**

**Entity Name:** QUALITY CARE SITE PREP, INC.

**Current Principal Place of Business:**

4411 E ARLINGTON ST  
INVERNESS, FL 34453

**New Principal Place of Business:**

4411 E ARLINGTON ST  
INVERNESS, FL 34453 UN

**Current Mailing Address:**

PO BOX 156  
INVERNESS, FL 344510056 US

**New Mailing Address:**

**FEI Number:** 51-0524423      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

R. WESLEY BRADSHAW  
209 COURTHOUSE SQUARE  
INVERNESS, FL US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** BROOKS, JAMES L  
**Address:** 3311 E. MARCIA STREET  
**City-St-Zip:** INVERNESS, FL 34453

**Title:** V.P.  
**Name:** BROOKS, TAMMY A  
**Address:** 3311 E. MARCIA STREET  
**City-St-Zip:** INVERNESS, FL 34453

I hereby 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 all other like empowered.

SIGNATURE: JAMES L. BROOKS

D

05/23/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date