

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000138483

FILED
Feb 23, 2005
Secretary of State

Entity Name: QUALITY CARE HOME HEALTH, INC.

Current Principal Place of Business:

1505 HALLIDAY LANE
JACKSONVILLE, FL 32207

New Principal Place of Business:

3726 BEACH BLVD
JACKSONVILLE, FL 32207

Current Mailing Address:

1505 HALLIDAY LANE
JACKSONVILLE, FL 32207

New Mailing Address:

3726 BEACH BLVD
JACKSONVILLE, FL 32207

FEI Number: 20-1709597

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARPE, THOMAS E
1505 HALLIDAY LANE
JACKSONVILLE, FL 32207 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HARPE, THOMAS E
Address: 1505 HALLIDAY LANE
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: THOMAS E HARPE

D

02/23/2005

Electronic Signature of Signing Officer or Director

Date