

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000138483

FILED  
Feb 08, 2007  
Secretary of State

Entity Name: QUALITY CARE HOME HEALTH, INC.

## Current Principal Place of Business:

3726 BEACH BLVD  
JACKSONVILLE, FL 32207

## New Principal Place of Business:

3714 BEACH BLVD  
JACKSONVILLE, FL 32207

## Current Mailing Address:

3726 BEACH BLVD  
JACKSONVILLE, FL 32207

## New Mailing Address:

3714 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  
224 EDGE OF WOODS RD.  
ST. AUGUSTINE, FL 32092 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: 224 EDGE OF WOODS RD.  
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: MP ( ) Change (X) Addition  
Name: MCAULIFFE, MATTHEW M  
Address: 296 ISLAND GREEN DR  
City-St-Zip: ST AUGUSTINE, FL 32092

Title: D ( ) Change (X) Addition  
Name: MCAULIFFE, DIXIE L  
Address: 296 ISLAND GREEN DR  
City-St-Zip: ST AUGUSTINE, FL 32092

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: THOMAS HARPE

D

02/08/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date