
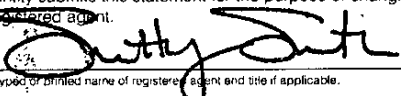
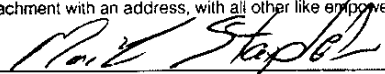


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 27, 2008 8:00 am**  
**Secretary of State**

05-27-2008 90041 038 \*\*\*150.00

<b>DOCUMENT # P06000087759</b> 1. Entity Name <b>QUALITY CARE INSTALLATIONS, INC.</b>			
Principal Place of Business <b>5810 BLACK WALNUT COURT</b> <b>TAMPA, FL 33625 US</b>		Mailing Address <b>P.O. BOX 270363</b> <b>TAMPA, FL 33688-036 US</b>	
2. Principal Place of Business - No P.O. Box # <b>270363 BOP</b>		3. Mailing Address Suite, Apt. #, etc. 	
City & State <b>Tampa, FL</b>		City & State 	
Zip <b>33688</b>		Country <b>USA</b>	
4. FEI Number <b>20-5132525</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SMITTY SMITH &amp; ASSOCIATES, INC.</b> <b>3802 EHRLICH ROAD</b> <b>SUITE 210</b> <b>TAMPA, FL 33624</b>		7. Name and Address of New Registered Agent Name <b>Smith Diversified Services, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>3802 Ehrlich Road</b> <b>Suite 210</b> City <b>Tampa</b>	
8. 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. I am familiar with, and accept the obligations of the registered agent. SIGNATURE: 		DATE:	
<b>FILE NOW! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS STAPLTON, MARK P.O. BOX 270363 TAMPA, FL 33688	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BODACK, JOHN 3401 N LAKEVIEW DR #101 TAMPA, FL 33618	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CLIMACO, GUSTAVO 824 S ORANGE AVE FORT MEADE, FL 33841	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MONDRAGON, Reynaldo 824 S ORANGE AVE FORT MEADE, FL 33841	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MONDRAGON, Reynaldo 824 S ORANGE AVE FORT MEADE, FL 33841	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date			
Daytime Phone #			