2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# P06000090012

Entity Name: QUALITY CARE INTERNATIONAL, INC.

Current Principal Place of Business:

3802 EHRLICH ROAD
SUITE 210
TAMPA, FL 33624

New Principal Place of Business:

Current Mailing Address:

3802 EHRLICH ROAD
SUITE 210
TAMPA, FL 33624

New Mailing Address:

FEI Number: 20-5187922 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITTY SMITH & ASSOCIATES, INC.
3802 EHRLICH ROAD
SUITE 210
TAMPA, FL 33624 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PS ( ) Delete
Name: STAPLETON, MARK
Address: 3802 EHRLICH ROAD, SUITE 210
City-St-Zip: TAMPA, FL 33624

Title: VP ( ) Delete
Name: CARRICO, JERRY
Address: 4803 N HIGHLAND AVE
City-St-Zip: TAMPA, FL 33540

Title: T ( ) Delete
Name: BODACK, JOHN
Address: 3401 N LAKEVIEW DR APT 101
City-St-Zip: TAMPA, FL 33618

Title: VP ( ) Delete
Name: NOERAGON, ADRAIN
Address: 319 S PINE AVE
City-St-Zip: FT. MEADE, FL 33841

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: ( ) Change ( ) Addition
Name:
Address:
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: MARK STAPLETON P 05/01/2007

Electronic Signature of Signing Officer or Director — Date