

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000094886

FILED  
Dec 01, 2007  
Secretary of State

Entity Name: QUALITY LIFE CARE SERVICES, INC.

## Current Principal Place of Business:

4321 NW 23RD STREET  
LAUDERHILL, FL 33313 US

## New Principal Place of Business:

1970 BARBER STREET  
SEBASTIAN, FL 32958 US

## Current Mailing Address:

4321 NW 23RD STREET  
LAUDERHILL, FL 33313 US

## New Mailing Address:

1708 SW JAMESPORT DR  
PORT ST LUCIE, FL 34953 US

FEI Number: 20-5230398

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCFARLANE, AMANDA  
4321 NW 23RD STREET  
LAUDERHILL, FL 33313 US

## Name and Address of New Registered Agent:

MCFARLANE, AMANDA  
1708 SW JAMESPORT DR  
PORT ST LUCIE, FL 34953 US

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: AMANDA MCFARLANE

12/01/2007

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: P ( ) Delete  
Name: MCFARLANE, AMANDA  
Address: 4321 NW 23RD STREET  
City-St-Zip: LAUDERHILL, FL 33313 US

Title: VP ( ) Delete  
Name: MCFARLANE, DEAN  
Address: 4321 NW 23RD STREET  
City-St-Zip: LAUDERHILL, FL 33313 US

Title: ST ( ) Delete  
Name: THOMAS, MELLISSA A  
Address: 4321 NW 23RD STREET  
City-St-Zip: LAUDERHILL, FL 33313 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MCFARLANE, AMANDA  
Address: 1708 SW JAMESPORT DR.  
City-St-Zip: PORT ST. LUCIE, FL 34953 US

Title: VP (X) Change ( ) Addition  
Name: MCFARLANE, DEAN  
Address: 1708 SW JAMESPORT DR.  
City-St-Zip: PORT ST LUCIE, FL 34953 US

Title: ST (X) Change ( ) Addition  
Name: THOMAS, MELLISSA A  
Address: 1708 SW JAMESPORT DR.  
City-St-Zip: PORT ST LUCIE, FL 34953 US

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: AMANDA MCFARLANE

P

12/01/2007

Electronic Signature of Signing Officer or Director

Date