2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 21, 2007
Secretary of State

DOCUMENT# P06000103697

Entity Name: QUALITY CARE THERAPY SERVICES, INC.

Current Principal Place of Business:

10342 WELLEBY ISLES BLVD.
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

10342 WELLEBY ISLES BLVD.
SUNRISE, FL 33351

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEISSMAN, HAROLD ESQ.
1776 PINE ISLAND RD., SUITE 118
PLANTATION, FL 33322 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: D ( ) Delete
Name: GANDOLFO, JOSEPH
Address: 10342 WELLEBY ISLES BLVD.
City-St-Zip: SUNRISE, FL 33351

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 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: JOSEPH GANDOLFO CEO 08/21/2007

Electronic Signature of Signing Officer or Director — Date