

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000140311

Entity Name: QUALITY HOMECARE, INC.

FILED  
Apr 30, 2007  
Secretary of State

## Current Principal Place of Business:

9060 NW 8TH STREET #301  
MIAMI, FL 33172

## New Principal Place of Business:

11463 SW 238 ST.  
MIAMI, FL 33032

## Current Mailing Address:

9060 NW 8TH STREET #301  
MIAMI, FL 33172

## New Mailing Address:

11463 SW 238 ST  
MIAMI, FL 33032

FEI Number: 30-0405303

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: PD ( ) Delete  
Name: DIAZ, OMAR A  
Address: 9060 NW 8TH STREET #301  
City-St-Zip: MIAMI, FL 33172

Title: VD ( ) Delete  
Name: COLMAN DE DIAZ, LUCRECIA  
Address: 9060 NW 8TH STREET #301  
City-St-Zip: MIAMI, FL 33172

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: DIAZ, OMAR A  
Address: 11463 SW 238 ST.  
City-St-Zip: MIAMI, FL 33032

Title: VD (X) Change ( ) Addition  
Name: COLMAN DE DIAZ, LUCRECIA  
Address: 11463 SW 238 ST.  
City-St-Zip: MIAMI, FL 33032

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: OMAR A. DIAZ

PD

04/30/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date