2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000143915

City-St-Zip:

HIALEAH, FL 33013

Entity Name: QUALITY CARE HOME HEALTH AGENCY, INC.

FILED Apr 27, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
600 EAST	25 STREET				
HIALEAH,	FL 33013				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
600 EAST: STE #F HIALEAH,	25 STREET				
FEI Number:		FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
600 EAST: STE #F	D, RODOLFO 25 STREET FL 33013 US				
The above in the State		submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATUF	RE:				
	Electron	ic Signature of Registered Age	ent	Date	
Election Can	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address:	P () PICHARDO, RC 600 EAST 25 S		Title: (Name: Address:) Change () Addition	

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: RODOLFO PICHARDO PD 04/27/2007