

2008 FOR PROFIT CORPORATION ANNUAL REPORT

3/7

FILED
Apr 17, 2008 8:00 am
Secretary of State

03-28-2008 90044 035 ***150.00

DOCUMENT # P07000054938 1. Entity Name QUALITY CARE REHAB SERVICES, INC.					
Principal Place of Business 2910 MANOR DRIVE SEBRING, FL 33870			Mailing Address 2910 MANOR DRIVE SEBRING, FL 33870		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 64-0900286	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VELMONTE, BENJAMIN CPA 2183 US HIGHWAY 27N SEBRING, FL 33870			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MORALES, MARIA 2910 MANOR DRIVE SEBRING, FL 33870	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MORALES, JOHNNY 2910 MANOR DRIVE SEBRING, FL 33870	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			SIGNATURE: <u><i>Maria Morales</i></u> 3-24-08 863-214-9640 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

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02222008 Chg-P CR2E034 (12/06)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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**FILE NOW!!! FEE IS \$150.00
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9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	MORALES, MARIA	
STREET ADDRESS	2910 MANOR DRIVE	
CITY - ST - ZIP	SEBRING, FL 33870	

TITLE	VD	☐ Delete
NAME	MORALES, JOHNNY	
STREET ADDRESS	2910 MANOR DRIVE	
CITY - ST - ZIP	SEBRING, FL 33870	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		☐ Delete
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STREET ADDRESS		
CITY - ST - ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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SIGNATURE: *Maria Morales* **3-24-08 863-214-9640**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR