2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# P07000077202

Entity Name: QUALITY CARE JAX INC

Current Principal Place of Business:

3629 CAROLINE VALE BLVD
JACKSONVILLE, FL 32277

New Principal Place of Business:

12417 CLIFFROSE TRAIL
JACKSONVILLE, FL 32225

Current Mailing Address:

3629 CAROLINE VALE BLVD
JACKSONVILLE, FL 32277

New Mailing Address:

12417 CLIFFROSE TRAIL
JACKSONVILLE, FL 32225

FEI Number: 71-1034519 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DENUSTA, ANTHONY
3629 CAROLINE VALE BLVD
JACKSONVILLE, FL 32277 US

Name and Address of New Registered Agent:

DENUSTA, ANTHONY
12417 CLIFFROSE TRAIL
JACKSONVILLE, FL 32225 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: 04/30/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DENUSTA, ANTHONY
Address: 3629 CAROLINE VALE BLVD
City-St-Zip: JACKSONVILLE, FL 32277

Title: V ( ) Delete
Name: DENUSTA, LORI S
Address: 3629 CAROLINE VALE BLVD
City-St-Zip: JACKSONVILLE, FL 32277

Title: S ( ) Delete
Name: SANAGUSTIN, DIDI
Address: 3629 CAROLINE VALE BLVD
City-St-Zip: JACKSONVILLE, FL 32277

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DENUSTA, ANTHONY
Address: 12417 CLIFFROSE TRAIL
City-St-Zip: JACKSONVILLE, FL 32225

Title: V (X) Change ( ) Addition
Name: DENUSTA, LORI S
Address: 12417 CLIFFROSE TRAIL
City-St-Zip: JACKSONVILLE, FL 32225

Title: S (X) Change ( ) Addition
Name: SANAGUSTIN, DIDI
Address: 12417 CLIFFROSE TRAIL
City-St-Zip: JACKSONVILLE, FL 32225

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: ANTHONY S DENUSTA PRES 04/30/2008
Electronic Signature of Signing Officer or Director — Date