

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000094200

Entity Name: SHOTTS QUALITY CARE, INC.

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

11983 SW 15TH STREET
PEMBROKE PINES, FL 330255785

New Principal Place of Business:

16969 NW 67TH AVE.
SUITE #206
MIAMI, FL 33015

Current Mailing Address:

11983 SW 15TH STREET
PEMBROKE PINES, FL 330255785

New Mailing Address:

16969 NW 67TH AVE.
SUITE #206
MIAMI, FL 33015

FEI Number: 26-3563140

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHOTTS, IZASKU
11983 SW 15TH STREET
PEMBROKE PINES, FL 330255785 US

Name and Address of New Registered Agent:

SHOTTS, IZASKU
16969 NW 67TH AVE
SUITE #206
MIAMI, FL 33015 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: IZASKU SHOTTS

04/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHOTTS, IZASKU
Address: 11983 SW 15TH STREET
City-St-Zip: PEMBROKE PINES, FL 330255785

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SHOTTS, IZASKU
Address: 1155 NW 100TH AVE
City-St-Zip: PEMBROKE PINES, FL 33024

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: IZASKU SHOTTS

P

04/23/2009

Electronic Signature of Signing Officer or Director

Date