2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2012
Secretary of State

DOCUMENT# P11000084256

Entity Name: QUALITY FAMILY CARE CENTER INC

Current Principal Place of Business:

6301 NW 52ND STREET
CORAL SPRINGS, FL 33067

New Principal Place of Business:

Current Mailing Address:

6301 NW 52ND STREET
CORAL SPRINGS, FL 33067

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAINT-FLEUR, CARL
6301 NW 52 ND STREET
CORAL SPRINGS, FL 33067 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

OFFICERS AND DIRECTORS:

Title: P
Name: PASSE-SAINT FLEUR, TATIANA
Address: 6301 NW 52ND ST
City-St-Zip: CORAL SPRINGS, FL 33067

Title: VP
Name: SAINT-FLEUR, CARL
Address: 6301 NW 52ND ST
City-St-Zip: CORAL SPRINGS, FL 33067

I hereby 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 all other like empowered.

SIGNATURE: CARL SAINT-FLEUR VP 04/30/2012

Electronic Signature of Signing Officer or Director — Date