

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morburn
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P38934** (6)

1. Corporation Name
THE QUALITY LIFE CENTER OF QUALITY HEALTHCARE, I NC.



Principal Place of Business
POST OFFICE BOX 24617
ST. SIMONS ISLAND GA 31522-7617

Mailing Address
POST OFFICE BOX 24617
ST. SIMONS ISLAND GA 31522-7617

2. Principal Place of Business
21 **650 Scranton Rd, Ste H**
Subs., Apt. #, etc.
22
City & State
23 **Brunswick, GA**
Zip
24 **31520** 25 **Glynn**

2a. Mailing Address
26 **650 Scranton Rd**
Subs., Apt. #, etc.
27 **Suite H**
City & State
28 **Brunswick, GA**
Zip
29 **31520** 30 **Glynn**

3. Date Incorporated or Qualified **05/22/1992** 3a. Date of Last Report **02/28/1995**
4. FEI Number **58-1903042** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

DAHER, JAMES D
C/O QUALITY HEALTH CARE
400 NORTH CLYDE MORRIS BLVD.
DAYTONA BEACH FL 32114

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0500 and 607.0508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0508, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to file this statement

Signature of the person who is authorized to file this statement

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	DAHER, JAMES D	
STREET ADDRESS	909 ROSE COTTAGE RD.	
CITY-STATE-ZIP	ST. SIMONS ISLAND GA 31522	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DAHER, BETTY P	
STREET ADDRESS	909 ROSE COTTAGE RD.	
CITY-STATE-ZIP	ST. SIMONS ISLAND GA 31522	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VPFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Redmon, William G.	
STREET ADDRESS	850 Mallory Street, Apt. K-4	
CITY-STATE-ZIP	St Simons Island, GA 31522	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mobley, David A	
STREET ADDRESS	241 Florida Street	
CITY-STATE-ZIP	St. Simons Island, GA 31522	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 or person in charge of the corporation as provided in Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or as an addendum with an address.

SIGNATURE: *W.G. Redmon* **W.G. REDMON VP FINANCIAL OPS** 4/1/96 (912) 245-7335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)