

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jun 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **P38934**
1. Corporation Name
The Quality Life Center of Quality HealthCare, Inc.

Principal Place of Business / Mailing Address
**The Quality Life Center-Daytona
240 N. Ridgewood Avenue
Daytona Beach, FL 32114**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Suite, Apt #, etc.
22 City & State
23 Zip
24 Country
25 **USA**

2a. Mailing Address
26 State, Apt #, etc.
27 City & State
28 Zip
29 Country
30

3. Date Incorporated or Qualified
07-16-90

4. FLL Number
50-1903042 Applied For
No: 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**James D. Daher
240 N. Ridgewood Ave.
Daytona Beach, FL 32114**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.2505, Florida Statutes.

SIGNATURE **James D. Daher, President & CEO** DATE **2-3-98**

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	James D. Daher, President & CEO
STREET ADDRESS	650 Scranton Rd., Suite H.
CITY-ST-ZIP	Brunswick, GA 31520
TITLE	<input type="checkbox"/> DELETE
NAME	Betty Daher, Vice-President
STREET ADDRESS	650 Scranton Rd., Suite H
CITY-ST-ZIP	Brunswick, GA 31520
TITLE	<input type="checkbox"/> DELETE
NAME	D. Anthony Mobley, Vice President
STREET ADDRESS	650 Scranton Rd., Suite H
CITY-ST-ZIP	Brunswick, GA 31520
TITLE	<input type="checkbox"/> DELETE
NAME	Danny Moxley, CFO
STREET ADDRESS	650 Scranton Rd., Suite H
CITY-ST-ZIP	Brunswick, GA 31520
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 secretary or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this changed or corrected filing with an address.

SIGNATURE: **James D. Daher, President & CEO** *James D. Daher* 2/3/98 912-265-7335

CR2E034 (10/97)

J.D. Daher