2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2008
Secretary of State

DOCUMENT# P93000034766

Entity Name: QUALITY CARE NURSING SERVICES, INC.

Current Principal Place of Business:

99 NW 183RD ST
#124
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

99 NW 183RD ST
#124
MIAMI, FL 33169

New Mailing Address:

FEI Number: 65-0416371 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FRANKLIN, CARMEN
1343 NW 133RD AVE
PEMBROKE PINES, FL 33028 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FRANKLIN, CARMEN
Address: 1343 NW 133RD AVENUE
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: CARMEN FRANKLIN ADM 07/25/2008

Electronic Signature of Signing Officer or Director Date