1/2

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000005708

1. Entity Name
PREMIUM QUALITY CARE, INCORPORATED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JAN 9 AM 11:00

Principal Place of Business	Mailing Address
200 E CENTRAL AVE SUITE 3 WINTER HAVEN FL 33880 US	1095 SO. PARK TERRACE CHICAGO IL 60605 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3220890 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARRIS, BARBARA A 118 LAKE DAISY TERRACE WINTER HAVEN FL 33884	Name Street Address (P.O. Box Number Is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HARRIS, BARBARA 1095 SO PARK TERRACE CHICAGO IL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/T	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MACAISA, MARILOU 118 LAKE DAISY TERRACE WINTER HAVEN FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V P / S 300020793225 06/11/03--01103--004 **173.75	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S VICTORIA, CAMILLE 2112 W BALTIMORE AVE CHICAGO IL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara Harris REQ BARBARA HARRIS 1/20/03 8132997740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Premium Quality Care, Inc.
"Quality Nursing Service that Cares"

Doc #P94000005708
DeBit memo: # 33643-L

PAT BAILEY
ACCOUNTANT II

5/22/03

Ms. Bailey,

Please find enclosed a check for $173.75 to replace the M.O. from 3/03 that has been lost in the mail.

I thank you for your assistence in this matter.

Sincerely
Barbara Harris Pres.

200 E. Central Ave., Suite 3 • Winter Haven, FL 33880
Phone: (863) 299-7740 • Fax: (863) 297-5495