

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000015798 (9)

1. Corporation Name

QUALITY NURSING CARE, INC.



Principal Place of Business

Mailing Address

7751 S.W. 40TH STREET
#200
MIAMI FL 33155
US

7951 S.W. 40TH STREET
#200
MIAMI FL 33155
US

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

ALDANA, ANGELA
2850 WEST 75TH TERRACE
HIALEAH FL 33016

3. Date Incorporated or Qualified

02/28/1994

3a. Date of Last Report

08/11/1995

4. FL Number

65-0468387

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0503, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Officer or Director

Date

12. OFFICERS AND DIRECTORS

☐ DELETE

PD
ALDANA, ANGELA
2850 W. 75TH TERRACE
HIALEAH FL 33016

☐ DELETE

VSD
ALDANA, MARIO
2850 W. 75TH TERRACE
HIALEAH FL 33016

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1 NAME

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

2 NAME

2 NAME

2 STREET ADDRESS

2 CITY-STATE-ZIP

3 NAME

3 NAME

3 STREET ADDRESS

3 CITY-STATE-ZIP

4 NAME

4 NAME

4 STREET ADDRESS

4 CITY-STATE-ZIP

5 NAME

5 NAME

5 STREET ADDRESS

5 CITY-STATE-ZIP

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6 CITY-STATE-ZIP

6 NAME

6 NAME

6 STREET ADDRESS

6 CITY-STATE-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/96

261-6251

CR2E034 (12/95)