

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000019509

FILED
Apr 15, 2009
Secretary of State

Entity Name: FIRST QUALITY HOME CARE, INC.

Current Principal Place of Business:

8700 W FLAGLER ST
SUITE #300
MIAMI, FL 33174 US

New Principal Place of Business:

Current Mailing Address:

8700 W FLAGLER ST
SUITE #300
MIAMI, FL 33174 US

New Mailing Address:

FEI Number: 65-0478803 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CUETARA, DULCE M
8700 W FLAGLER ST
SUITE #300
MIAMI, FL 33174 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: CUETARA, DULCE M
Address: 8756 S.W. 3RD LANE
City-St-Zip: MIAMI, FL 33174 US

Title: D () Delete
Name: BELLAS, EDUARDO MD
Address: 6423 COLLINS AVE #1210
City-St-Zip: MIAMI BEACH, FL 33141

Title: D () Delete
Name: REYES, MANOLO
Address: 5301 SW 7 ST
City-St-Zip: MIAMI, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: DULCE M CUETARA

DPS

04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date