


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90073 037 ***150.00

DOCUMENT # P96000040169	
1. Entity Name QUALITY CARE MISCELLANEOUS, INC.	

Principal Place of Business 2517 MCMULLEN BOOTH RD 510-142 CLEARWATER FL 33761 US	Mailing Address 2517 MCMULLEN BOOTH RD 510-142 CLEARWATER FL 33761 US
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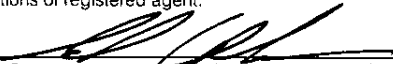
2. Principal Place of Business 2519 McMullen Booth Rd. Suite, Apt. #, etc. 510-142	3. Mailing Address 2519 McMullen Booth Rd. Suite, Apt. #, etc. 510-142
City & State Clearwater, FL	City & State Clearwater, FL
Zip 33761	Zip 33761
Country US	Country US



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent FISCHER, ANGELA C 7909 HATHAWAY CIR NEW PORT RICHEY FL 34654	
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7. Name and Address of New Registered Agent	
Name Glen D. Upchurch	
Street Address (P.O. Box Number is Not Acceptable) 7909 Hathaway Cir.	
City New Port Richey, FL	Zip Code 34654

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 	PD Glen D. Upchurch 1/30/04
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE PD	<input checked="" type="checkbox"/> Delete
NAME FISCHER, ANGELA C	
STREET ADDRESS 7909 HATHAWAY CIR	
CITY-ST-ZIP NEW PORT RICHEY FL 34654	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Glen D. Upchurch	
STREET ADDRESS 7909 Hathaway Cir.	
CITY-ST-ZIP New Port Richey, FL 34654	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: 	Glen D. Upchurch 1/30/04 446 5988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date	Daytime Phone #