## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

| POCUMENT | # | P960 | 000 | <b>)41</b> | 450 | (3) |
|----------|---|------|-----|------------|-----|-----|

## FILED May 08 1997 8:00am Secretary of State

| 1. Corporation Name QUALITY OF LIFE HOME HEALTH STAFFING, INC.  Principal Place of Business 750 STARKEY ROAD STE-101- LARGO FL 94841  1. Corporation Name  Mailing Address 750 STARKEY ROAD STE-101- LARGO FL 94841 |   |   | ng Address<br>ARKEY ROAD 876                                 | <del>: 10</del> 1  |  |  |                       |                            |  |
|---|---|---|--|--|--|--|-----------------------|----------------------------|--|
|   |   |   |  |  |  | 3. Date incorporated or Qualifie 05/13/1996  | ad <b>3a.</b> D       | Date of Last I             | Report                                       |
| n '   | Place of Business   | f   | ailing Address   |  |  | 4. FEI Number  |                       | <del></del>                | pplied For                                   |
| 1   | N -A-   | 26  |  |  |  | 59-338+250   | 2                     | <del> </del>               | lot Applicable                               |
| Suite, Apt  | #, etc  | 27  | uite, Apt. #, etc.   |  |  | 5. Certificate of Status Desired   | Œ                     |                            | Additional<br>legulred                       |
| City & Stat   | te  |   | ty & State   |  |  | 6. Election Campaign Financing   |                       | <del></del>                | May Be                                       |
|   |   | 28  |  |  |  | Trust Fund Contribution  |                       |                            | to Fees                                      |
| . Zip → <b>2</b> υ  | Country   | Zij   | þ  | Countr   | ry   | 8. This corporation has liability !  |                       |                            | s. 199.032,                                  |
| 33  | 7 7 / 25<br>9. Name and Address   | 29  |  | 30   |  | Florida Statutes  10. Name and Address of New  | Yes                   |                            |  |
| MOS   | SES, MICHAEL J II   | oi current register   | eo Agent   | 81   | 1 Name   | 10. Name and Address of New  | negisteret            | ı Ağent                    |  |
|   | STARKEY ROAD STE 10   | 01  |  |  |  |  |                       |                            |  |
| _   | GO FL 34641   | ••  |  | 82   | 2 Street Add   | dress (P.O. Box Number is Not Accep  | otable)               |                            |  |
|   |   |   |  | B:   | 3  |  | ·                     | ·                          |  |
|   |   |   |  |  | 4 6  |  |                       | 100 7:-                    | 0-1-   |
|   |   |   |  | 84   | 4 City   |  | FI                    | <b>85</b> Zip              | Code   |
| l. Pursuant<br>office or<br>agent La  | te the provisions of Section<br>registered agent, or both, in<br>am familiar with, and accep          | ns 607 0502 and 607. In the State of Florida If the obligations of, S | 1508, Florida Stati<br>Such change was<br>ection 607.0505, I | utes, the above<br>s authorized to<br>Florida Statute  | ve-named cor<br>by the corpora<br>es.  | rporation submits this statement for thation's board of directors, I hereby ac   | e purpose copt the ap | of changing<br>pointment a | its registered<br>s registered               |
| GNATURE   | Soprarure typed or printed name of  | registered agent and title if ap                                      | opticable. (No   | OTE: Registered A  |  | rporation submits this statement for the ation's board of directors. I hereby accured when reinstating)  ADDITIONS/CHANGES TO OF | DATE                  |                            |  |
| IGNATURE  | Soprarure typed or printed name of  |   | opticable. (No   |  | gent signature requ  |  | DATE                  |                            | RS IN 12                                     |
| ignature<br>2.  | Signarize Speed to printed mane of OFFI  D  MOSES, MICHAEL J II                                       | registered agent and title if an                                      | oplicable. (NO   | OTE: Registered A  | gent signature requ  | uired when reinstating)  | DATE                  | ID DIRECTO                 | RS IN 12                                     |
| IGNATURE<br><b>2.</b><br>Tue<br>Ame   | D MOSES, MICHAEL J II 750 STARKEY ROAD  | registered agent and title if an                                      | oplicable. (NO   | OTE Registered April 13.  1.1 TITLE 1.2 NAME   | gent signature requ  | uired when reinstating)  | DATE                  | ID DIRECTO                 | RS IN 12                                     |
| GNATURE  LE  ME  REFLADORESS  | Signarize Speed to printed mane of OFFI  D  MOSES, MICHAEL J II                                       | registered agent and title if an                                      | oplicable. (NO   | OTE Registered April 13.  1.1 TITLE 1.2 NAME   | gent signature requ  | uired when reinstating)  | DATE                  | ID DIRECTO                 | RS IN 12                                     |
| IGNATURE  2.  BLE  AME  TREE LADORESS  TY-\$1-ZIP   | OFFI  D  MOSES, MICHAEL J II  750 STARKEY ROAD !  LARGO FL 34641  D                                   | registered agent and title if an                                      | oplicable. (NO   | 13. 1.1 THLE 1.2 NAME  | gent signature requests  ET ADDRESS -ST-ZIP  | uired when reinstating)  | DATE                  | ID DIRECTO                 | RS IN 12 Addition                            |
| IGNATURE  2. THE  AME  TREFT ADDRESS  TY-ST-ZIP  TLE  | OFFI  D MOSES, MICHAEL J II 750 STARKEY ROAD ! LARGO FL 34641 D MOSES, PATRICIA T                     | registered agent and title if an<br>ICERS AND DIRECTO<br>STE 101      | opicable. (NO<br>DRS DELETE                                  | 13. 1.1 TITLE 1.2 NAME 1.3 STREE   | gent signature requirements  ET ADDRESS  -ST-ZIP   | uired when reinstating)  | DATE                  | ND DIRECTO                 | RS IN 12                                     |
| CONATURE  2.  BLE  MME  MEET ADDRESS  TY-ST-ZIP  TLE  MME   | OFFI  D MOSES, MICHAEL J II 750 STARKEY ROAD S LARGO FL 34641  D MOSES, PATRICIA T 750 STARKEY ROAD S | registered agent and title if an<br>ICERS AND DIRECTO<br>STE 101      | opicable. (NO<br>DRS DELETE                                  | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2 1 TITLE 2 2 NAME  | gent signature requirements  ET ADDRESS  -ST-ZIP   | uired when reinstating)  | DATE                  | ND DIRECTO                 | RS IN 12 Addition                            |
| OGNATURE  2.  PLE  AME  TREFI ADDRESS  HY-S1-ZIP  BILE  AME  TREFI ADDRESS  UY-S1-ZIP   | OFFI  D MOSES, MICHAEL J II 750 STARKEY ROAD ! LARGO FL 34641 D MOSES, PATRICIA T                     | registered agent and title if an<br>ICERS AND DIRECTO<br>STE 101      | DELETE   | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY   | geni signalure requiente signalure requi   | uired when reinstating)  | DATE                  | ID DIRECTO Change Change   | RS IN 12 Addition                            |
| GNATURE  2.  IE  ME  REFLADORESS IY-S1-ZIP  ILE  ME  REFLADORESS (Y-S1-ZIP)  LE   | OFFI  D MOSES, MICHAEL J II 750 STARKEY ROAD S LARGO FL 34641  D MOSES, PATRICIA T 750 STARKEY ROAD S | registered agent and title if an<br>ICERS AND DIRECTO<br>STE 101      | opicable. (NO<br>DRS DELETE                                  | 13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY. 2 1 TITLE 2 2 NAME 2 3 STREI 2 4 CITY 3.1 TITLE   | gent signature requirements  ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP  | uired when reinstating)  | DATE                  | ND DIRECTO                 | RS IN 12 Addition                            |
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4. I do 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 annual report or supplemental annual 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 propovered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:



4/30/97 813 537 053 Day Day Daytime Phone #