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Mar 13 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000057287 (0)

1. Corporation Name  
QUALITY CARE GROUP, INC.



Principal Place of Business  
9166 WEST ATLANTIC BLVD.  
CORAL SPRINGS FL 33071

Mailing Address  
9166 WEST ATLANTIC BLVD.  
CORAL SPRINGS FL 33071-5245

3. Date Incorporated or Qualified 07/08/1996  
3a. Date of Last Report

2. Principal Place of Business  
21 8475 Shadow Ct.  
Suite, Apt. #, etc.

22 City & State  
23 Coral Springs, FL  
Country

24 33071 25 U.S.A.  
26 8475 Shadow Ct.  
Suite, Apt. #, etc.

27 City & State  
28 Coral Springs, FL  
Country

29 33071 30 U.S.A.  
9. Name and Address of Current Registered Agent  
BLOOM, ELLEN  
9166 WEST ATLANTIC BLVD.  
CORAL SPRINGS FL 33071

4. FEI Number 65-0677586  
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 James V. Fauriol Jr, Esq  
82 Street Address (P.O. Box Number is Not Acceptable) 915 Middle River  
83 Suite 302  
84 City Ft. Lauderdale FL 85 Zip Code 33304

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 607.0504, Florida Statutes.

SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
D BLOOM, ELLEN  
% 9166 WEST ATLANTIC BLVD.  
CORAL SPRINGS FL 33071  
Change as Address

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE Director, President, Secretary  
1.2 NAME Bloom, Ellen  
1.3 STREET ADDRESS 8475 Shadow Ct  
1.4 CITY-ST-ZIP Coral Springs, FL 33071

2.1 TITLE Vice President, Treasurer  
2.2 NAME Gaspare, Richard Chiofalo  
2.3 STREET ADDRESS 2106 S. Cypress Bend Dr. #510  
2.4 CITY-ST-ZIP Pompano Beach, FL 33069

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

7.1 TITLE  
7.2 NAME  
7.3 STREET ADDRESS  
7.4 CITY-ST-ZIP

8.1 TITLE  
8.2 NAME  
8.3 STREET ADDRESS  
8.4 CITY-ST-ZIP

9.1 TITLE  
9.2 NAME  
9.3 STREET ADDRESS  
9.4 CITY-ST-ZIP

14. 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 empowered 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: Alex Bloom / Director ELLEN BLOOM 3/7/97 (954) 763-0881  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)