

5-1-97 106031 C  
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 01 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000061888 (9)**

1. Corporation Name

**QUALITY LIFE ENTERPRISES, INC.**



Principal Place of Business <b>130 MEDICAL CENTER SEBRING FL 33870</b>	Mailing Address <b>130 MEDICAL CENTER SEBRING FL 33870-5463</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/22/1996</b>	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0689890</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>OLIVEROS, FABIO 130 MEDICAL CENTER SEBRING FL 33870</b>		10. Name and Address of New Registered Agent	
		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.


(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OLIVEROS, FABIO</b>	12 NAME	
STREET ADDRESS	<b>130 MEDICAL CENTER</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>SEBRING FL 33870</b>	14 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OLIVEROS, ELIZABETH</b>	22 NAME	
STREET ADDRESS	<b>130 MEDICAL CENTER</b>	23 STREET ADDRESS	
CITY-ST-ZIP	<b>SEBRING FL 33870</b>	24 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PINZON, ERNESTO</b>	32 NAME	
STREET ADDRESS	<b>130 MEDICAL CENTER</b>	33 STREET ADDRESS	
CITY-ST-ZIP	<b>SEBRING FL 33870</b>	34 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOBLE, WILLIAM J R</b>	42 NAME	
STREET ADDRESS	<b>130 MEDICAL CENTER</b>	43 STREET ADDRESS	
CITY-ST-ZIP	<b>SEBRING FL 33870</b>	44 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUIZ, ALEYDA</b>	52 NAME	
STREET ADDRESS	<b>130 MEDICAL CENTER</b>	53 STREET ADDRESS	
CITY-ST-ZIP	<b>SEBRING FL 33870</b>	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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:

 **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)