

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

FILED
Jan 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000030751 (6)

1. Corporation Name

QUALITY CAREGIVER, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1990 NE 163RD ST SUITE 205 MIAMI FL 33162		Mailing Address 1990 NE 163RD ST SUITE 205 MIAMI FL 33162	
2. Principal Place of Business 21 1990 N.E. 163RD ST. Suite, Apt. #, etc. 22 108 City & State 23 Miami FL Zip 24 33162		2a. Mailing Address 26 1990 N.E. 163RD ST Suite, Apt. #, etc. 27 108 City & State 28 Miami FL Zip 29 33162	
3. Date Incorporated or Qualified 04/04/1997		4. FEI Number 65-0747877	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. Name and Address of Current Registered Agent MARKS, JEFFREY N 1990 NE 163RD ST SUITE 205 MIAMI FL 33162	
9. Name and Address of New Registered Agent 81 Name 82 ZADEH, JAMES FI 83 Street Address (P.O. Box Number is Not Acceptable) 1990 N.E. 163RD ST. 84 Suite 108 85 City Miami FL 86 Zip Code 33162		10. Name and Address of New Registered Agent 81 Name 82 ZADEH, JAMES FI 83 Street Address (P.O. Box Number is Not Acceptable) 1990 N.E. 163RD ST. 84 Suite 108 85 City Miami FL 86 Zip Code 33162	
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 JAMES ZADEH Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 1/12/98			
12. OFFICERS AND DIRECTORS TITLE D NAME MARKS, JEFFREY N STREET ADDRESS 1990 NE 163RD ST, SUITE 205 CITY-ST-ZIP MIAMI FL 33162 <input checked="" type="checkbox"/> DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE P 1.2 NAME ZADEH, JAMES 1.3 STREET ADDRESS 1990 N.E. 163RD ST SUITE 108 1.4 CITY-ST-ZIP MIAMI FL 33162 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. 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 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 in an Attachment with an address.

SIGNATURE:

[Signature]

1/12/98 305 9497778

CR2E034 (10/97)