

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90087 033 ***150.00

DOCUMENT # P98000032375

1. Corporation Name
QUALITY THERAPY CARE, INC.

Principal Place of Business
2415 SW 64 AVE
MIAMI FL 33155

Mailing Address
2415 SW 64 AVE
MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/03/1998

4. FEI Number

65-0827038

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

MARTINEZ, MARIANELA
2415 SW 64 AVE
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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.

(NO) If Registered Agent signature required when reinstating.

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MARTINEZ, MARIANELA
STREET ADDRESS 2415 SW 64 AVE
CITY-ST-ZIP MIAMI FL 33155

☐ DELETE

TITLE STD
NAME MARTINEZ, RAFAELELA
STREET ADDRESS 2415 SW 64 AVE
CITY-ST-ZIP MIAMI FL 33155

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

☒ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ 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 change 1, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OF: PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0225084