

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 19, 2001 8:00 am**  
**Secretary of State**

05-19-2001 90286 048 \*\*\*150.00

DOCUMENT # **P980000 32375**

1. Entity Name

**QUALITY THERAPY CARE, INC.**

Principal Place of Business

Mailing Address

**2415 SW 64 AVE.  
 MIAMI - FL. 33155**

**2415 SW 64 AVE.  
 MIAMI - FL. 33155**

**552903**

2. Principal Place of Business

**651 SW 123 CT.**

3. Mailing Address

**651 SW 123 CT.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**MIAMI - FL.**

City & State

**MIAMI - FL.**

4. FEI Number

**65-0827038**

Applied For

Not Applicable

Zip

**33184**

Country

**USA**

Zip

**33184**

Country

**USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of Now Registered Agent

**MARIANELA MARTINEZ  
 651 S.W. 123 CT.  
 MIAMI - FL. 33184**

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>MARIANELA MARTINEZ</b>	
STREET ADDRESS	<b>2415 S.W. 64 AVE.</b>	
CITY-ST-ZIP	<b>MIAMI - FL. 33155</b>	
TITLE	<b>STD.</b>	<input type="checkbox"/> Delete
NAME	<b>RAFAEL MARTINEZ</b>	
STREET ADDRESS	<b>2415 SW 64 AVE.</b>	
CITY-ST-ZIP	<b>MIAMI - FL. 33155</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARIANELA MARTINEZ</b>	
STREET ADDRESS	<b>651 SW 123 CT.</b>	
CITY-ST-ZIP	<b>MIAMI - FL. 33184</b>	
TITLE	<b>STD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAFAEL MARTINEZ</b>	
STREET ADDRESS	<b>651 SW 123 CT.</b>	
CITY-ST-ZIP	<b>MIAMI - FL. 33184</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (11/00)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Marianela Martinez*

**MARIANELA MARTINEZ**

**4/27/2001**

**(305) 446-0342**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #