

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000045349

FILED
Apr 09, 2009
Secretary of State

Entity Name: QUALITY CARE OF FLORIDA, INC.

Current Principal Place of Business:

121 CREEK HOLLOW LANE
MIDDLEBURG, FL 320685803

New Principal Place of Business:

Current Mailing Address:

121 CREEK HOLLOW LANE
MIDDLEBURG, FL 320685803

New Mailing Address:

FEI Number: 59-3535107

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENDHI, GABRIELE
121 CREEK HOLLOW LANE
MIDDLEBURG, FL 32068 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: MENDHI, GABRIELE
Address: 121 CREEK HOLLOW LN
City-St-Zip: MIDDLEBURG, FL 32068

Title: OFFI () Delete
Name: WILSON, GREGORY L
Address: 121 CREEK HOLLOW LANE
City-St-Zip: MIDDLEBURG, FL 32068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY L. WILSON

VP

04/09/2009

Electronic Signature of Signing Officer or Director

Date