

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000059402

1. Entity Name
QUALITY CARE ASSISTED LIVING FACILITY, INC.



Principal Place of Business
**10215 N.W. 17TH STREET
CORAL SPRINGS, FL 33071 US**

Mailing Address
**10215 N.W. 17TH STREET
CORAL SPRINGS, FL 33071 US**



01122006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0848841

Applied For
(Not Applicable)

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BANTON, JANET M
10215 N.W. 17TH STREET
CORAL SPRINGS, FL 33071**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

1/13/06
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **BANTON, JANET M**
STREET ADDRESS **10215 NW 17TH STREET**
CITY-ST-ZIP **POMPANO BEACH, FL 33071**

TITLE **OA**
NAME **BANTON, JANET**
STREET ADDRESS **1025 NW 17TH STREET**
CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

TITLE **AO**
NAME **BANTON, JANET**
STREET ADDRESS **10215 NW 17TH ST**
CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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NAME
STREET ADDRESS
CITY-ST-ZIP

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01/19/06-80019-007 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Janet Banton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/06 *(954) 746-5011*
Date Daytime Phone #