

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2008 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



04302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0848841

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 POMPAHO BEACH, FL 33071

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000949659
06/03/08-80037-002 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #