

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000059402

FILED  
Oct 13, 2009  
Secretary of State

Entity Name: QUALITY CARE ASSISTED LIVING FACILITY, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 65-0848841

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

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

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BANTON, JANET M  
Address: 10215 NW 17TH STREET  
City-St-Zip: POMPANO BEACH, FL 33071

Title: OA ( ) Delete  
Name: BANTON, JANET  
Address: 1025 NW 17TH STREET  
City-St-Zip: CAROL SPRINGS, FL 33071

Title: AO ( ) Delete  
Name: BENTON, JANET  
Address: 10215 NW 17TH ST  
City-St-Zip: CORAL SPRINGS, FL 33071

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: JANET BANTON

Electronic Signature of Signing Officer or Director

ADM

10/13/2009

Date