

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000022118

FILED
May 07, 2009
Secretary of State

Entity Name: HOLIDAY QUALITY CARE SERVICES, INC.

Current Principal Place of Business:

5725 CORPORATE WAY
SUITE 207
WEST PALM BEACH, FL 33407

New Principal Place of Business:

17270 89TH PLACE NORTH
LOXAHATCHEE, FL 33470

Current Mailing Address:

17270 89TH PLACE N.
LOXAHATCHEE, FL 33470

New Mailing Address:

17270 89TH PLACE NORTH
LOXAHATCHEE, FL 33470

FEI Number: 65-0912843

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLIDAY, JUDY L
17270 8TH PLACE N.
LOXAHATCHEE, FL 33470 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

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: VP () Delete
Name: HOLIDAY, WESTLEY
Address: 17270 89TH PLACE N.
City-St-Zip: LOXAHATCHEE, FL 33470

Title: P () Delete
Name: HOLIDAY, JUDY L
Address: 17270 89TH PLACE N.
City-St-Zip: LOXAHATCHEE, FL 33470

Title: S () Delete
Name: GAFFNEY, SHERAY B
Address: 2648 WILKINS COURT
City-St-Zip: JACKSONVILLE, FL 32209

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: JUDY HOLIDAY

CEO

05/07/2009

Electronic Signature of Signing Officer or Director

Date