2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: HOLIDAY QUALITY CARE SERVICES, INC.

Current Principal Place of Business:

17270 89TH PLACE NORTH
LOXAHATCHEE, FL 33470

New Principal Place of Business:

Current Mailing Address:

17270 89TH PLACE NORTH
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 65-0912843 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

OFFICERS AND DIRECTORS:

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

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

Title: S
Name: GAFFNEY, SHERAY B
Address: 1210 COLONY TRAIL
City-St-Zip: FAIRBURN, GA 30213

Title: T
Name: HOLIDAY, WESTLEY T
Address: 522 W.136TH STREET APT 2-F
City-St-Zip: NEW YORK, NY 10031

I hereby 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 all other like empowered.

SIGNATURE: JUDY L. HOLIDAY CEO 09/01/2010

Electronic Signature of Signing Officer or Director — Date