FILED 2001 UNIFORM BUSINESS REPORT (UBR) Jun 07, 2001 8:00 am DOCUMENT # P99000051768 Secretary of State 1. Entity Name QUAL-CARE, INC. 06-07-2001 90002 006 ***550.00 Principal Place of Business Mailing Address 10191 SUNSET DRIVE P.O. BOX 441206 661245 MIAMI FC 33173 MIAMI FL 33144 2. Principal Place of Business 3. Mailing Address 7805 CORAL WAY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 103 SUITE Applied For City & State City & State 4. FEI Number 65-0925338 FL MIAMI Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33155-6539 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DE LA TORRE, ROSA Street Address (P.O. Box Number is Not Acceptable) 10191 SUNSET DRIVE MIAMI FL 33173 Zip Code City FL 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. SIGNATURE (NO1: Registered Agent's gnature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW !! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2()1 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payal le to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition ☐ Delete TITLE TITLE DE LA TORRE, ROSA NAME NAME STREET ADDRESS 10191 SUNSET DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33173** Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRUSS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete** TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 receive nor trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE de la Time 5/26/01 (305) 269-978

RIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Destine Phone #