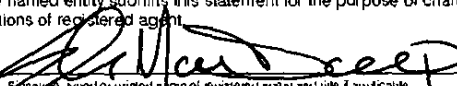
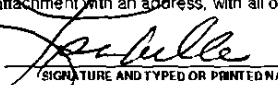


AMEND #61.25

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000051768					
1. Entity Name QUAL-CARE, INC.					
Principal Place of Business 7805 CORAL WAY SUITE 103 MIAMI, FL 33155-6539			Mailing Address P.O. BOX 441206 MIAMI, FL 33144		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0925338	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REGALADO, JOSE M 7805 CORAL WAY STE 103 MIAMI, FL 33155-6539				7. Name and Address of New Registered Agent Name ELENA MOURE-DOMECA, Esq. Street Address (P.O. Box Number Is Not Acceptable) 9260 SUNSET DRIVE #205 City MIA. FLA. FL Zip Code 33143	
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  ELENA MOURE-DOMECA DATE 7-10-03 (NOTE: Registered Agent Signature required when reinstating)					
FILE NOW!!! FEE IS \$160.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DE LA TORRE, ROSA 1805 CORAL WAY, STE 103 MIAMI, FL 331556539 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 800021760328 07/24/03--01013--006 **367.50		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAGALADO, MARIA C 7805 CORAL WAY, STE 103 MIAMI, FL 331556539 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ, ISABELLE 7805 CORAL WAY, STE 103 MIAMI, FL 331556539 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P-D ISABELLE DIAZ ☒ Change ☐ Addition MIA.FL. 33155		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CABEZAS, PATRICIA 7805 CORAL WAY, STE 103 MIAMI, FL 331556539 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. I hereby 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 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:  Isabella Diaz SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 7-10-03 305 County Phone # 269-9788	

CR2E034 (10/02)