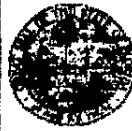


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000061519

1. Entity Name
QUALITY CARE CENTER, INC



Principal Place of Business
3939 NW 7 ST SUITE 207
MIAMI, FL 33126

Mailing Address
3939 NW 7 ST SUITE 207
MIAMI, FL 33126



04012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FFI Number
65-0938121

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ACEVEDO, REINIER
8811 S.W. 51 ST.
MIAMI, FL 33165

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renewing.)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	ACEVEDO, REINIER
STREET ADDRESS	8811 S.W. 51 ST.
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	PSD
NAME	ACEVEDO, REINIER
STREET ADDRESS	8811 S.W. 51ST
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	PSD
NAME	ACEVEDO, REINIER
STREET ADDRESS	8811 S.W 51ST
CITY ST ZIP	MIAMI, FL 33165
TITLE	PSD
NAME	ACEVEDO, REINIER
STREET ADDRESS	8811 S.W 51ST
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	PSD
NAME	ACEVEDO, REINIER
STREET ADDRESS	8811 S.W 51ST
CITY-ST-ZIP	MIAMI, FL 33165

U00000316794

04/19/05-80091-011 150.00

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IN THIS SPACE**

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day in Month