


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000065218 1. Entity Name QUALITY CARE ASSISTED LIVING OF THE TREASURE COAST, INC.	
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Principal Place of Business 432 S.W. PRADO AVENUE PORT ST. LUCIE, FL 34983	Mailing Address 432 S.W. PRADO AVENUE PORT ST. LUCIE, FL 34983
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01072006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0937351	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEREINZO, RENEE M
432 S.W. PRADO AVENUE
PORT ST. LUCIE, FL 34983

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000470641 03/28/06-80020-025 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DEREINZO, RENEE M 432 S.W. PRADO AVENUE PORT ST. LUCIE, FL 34983
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Renee Derezino*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #