2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P9900065218

1. Entity Name

QUALITY CARE ASSISTED LIVING OF THE TREASURE COAST, INC.



FILED Apr 21, 2008 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

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

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No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0937351

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

8. 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 the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its registered of	office or r	egistered agent, or bott	n, in the State of Florida. 1 am familiar with, and accept
SIGNATURE_					
	Signature, typed or printed name of registered agent and title if	applicable (NOTE: Registered Age	ent signature	required when reinstating)	DATE
FIEL NOWILL FEE 10 3 130.00		Election Campaign Financing Trust Fund Contribution.	g 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE	PTD				
NAME	DERIENZO, RENEE M	J			
STREET ADDRESS	432 S.W. PRADO AVENUE	į.			
CITY-ST-ZIP	PORT ST. LUCIE, FL 34983				<u>_ 600000303248</u>
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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:

Detrenno

Renee DeRien.

4-17-08 879-2