

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 2:40

DOCUMENT # **S44737** (2)

1. Corporation Name

QUALITY CARE ASSURANCE, INC.

Principal Place of Business

102 S MONROE ST
TALLAHASSEE FL 32301
US

Mailing Address

820 EAST PARK AVE
STE 200E
TALLAHASSEE FL 32301
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/11/1991

3a. Date of Last Report

04/27/1994

4. FEI Number

59-3089830

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22. City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CHEREN, CONNIE E
820 EAST PARK AVE
STE 200-E
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0507 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of agent or principal officer of registered agent and title if applicable

NOTE: Registered agent separate registered agent (relating)

DATE

1/20/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	COB
NAME	CHEREN, CONNIE
STREET ADDRESS	820 E. PARK AVE BLDG E STE 200
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	D
NAME	PAGANO, DAVE
STREET ADDRESS	820 E PARK AVE BLDG F STE 200
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	T
NAME	RICE, MICHAEL D.
STREET ADDRESS	820 E PARK AVE BLDG E STE 200-E
CITY - ST - ZIP	CLEARWATER FL
TITLE	COB
NAME	CHEREN, CONNIE
STREET ADDRESS	102 S MONROE ST
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	D
NAME	PAGANO, DAVID
STREET ADDRESS	102 S MONROE ST
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	T
NAME	RICE, MICHAEL D
STREET ADDRESS	102 S MONROE ST
CITY - ST - ZIP	TALLAHASSEE FL

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
2. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	820 E. Park Ave BLDG. E STE 200
24 CITY - ST - ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

[Signature]

Michael D. Rice

1/23/95

904 222 5055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR