

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Apr 30 1996 8:00 am
Secretary of State

DOCUMENT # **S44737 (2)**

1. Corporation Name
QUALITY CARE ASSURANCE, INC.



Principal Place of Business: **102 S MONROE ST, 820 E PARK AVE BLDG E STE 200, TALLAHASSEE FL 32301, US**
Mailing Address: **820 EAST PARK AVE STE 200E, TALLAHASSEE FL 32301, US**

3. Date Incorporated or Qualified: **04/11/1991**
3a. Date of Last Report: **04/13/1995**

2. Principal Place of Business
21 **820 East Park Avenue**
Suite, Apt. #, etc.: **Suite E-200**
City & State: **Tallahassee, Florida**
Zip: **32301** Country: **US**

4. FEI Number: **59-3089830**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 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: _____ DATE: _____
Signature: typed or printed name of registered agent and title, if applicable. (Both Registered Agent signature required when filing.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	COB <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHEREN, CONNIE	1.2 NAME	
STREET ADDRESS	820 E. PARK AVE BLDG E STE 200	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAGANO, DAVE	2.2 NAME	
STREET ADDRESS	820 E PARK AVE BLDG F STE 200	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICE, MICHAEL D.	3.2 NAME	
STREET ADDRESS	820 E PARK AVE BLDG E STE 200-E	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	
TITLE	COB <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHEREN, CONNIE	4.2 NAME	
STREET ADDRESS	102 S MONROE ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAGANO, DAVID	5.2 NAME	
STREET ADDRESS	102 S MONROE ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICE, MICHAEL D	6.2 NAME	
STREET ADDRESS	102 S MONROE ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	6.4 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)(k), 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 on an attachment with an address.

SIGNATURE: _____ DATE: **4/25/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____
DUTY: _____ PHONE: **(904) 222-5055**

CR2E034 (12/95)