

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 12 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # S44737 (2)**  
 1. Corporation Name  
**QUALITY CARE ASSURANCE, INC.**



Principal Place of Business: **820 E PARK AVE STE E-200 TALLAHASSEE FL 32301 US**

Mailing Address: **820 EAST PARK AVE STE 200E TALLAHASSEE FL 32301-2800 US**

3. Date incorporated or Qualified: **04/11/1991**      3a. Date of Last Report: **04/30/1996**

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**

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business

21. **Quality Care Assurance, Inc.**  
 Suite, Apt #, etc.

22. **2001 Breckenridge Lane**  
 City & State

23. **Alpharetta, Georgia**  
 Zip      Country

24. **30202**      25. **USA**

2a. Mailing Address

26. **2001 Breckenridge Lane**  
 Suite, Apt #, etc.

27. **Alpharetta, GA**  
 City & State

28. **Alpharetta, GA**  
 Zip      Country

29. **30202**      30. **USA**

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

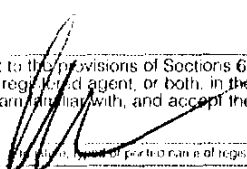
82 Street Address (P.O. Box Number is Not Acceptable)

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: **4/28/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>COB</b>	<input type="checkbox"/> DELETE
NAME	<b>CHEREN, CONNIE</b>	
STREET ADDRESS	<b>820 E. PARK AVE BLDG E STE 200</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	
TITLE	<b>COB</b>	<input type="checkbox"/> DELETE
NAME	<b>CHEREN, CONNIE</b>	
STREET ADDRESS	<b>102 S MONROE ST</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>2001 Breckenridge Lane</b>
1.4 CITY-ST-ZIP	<b>Alpharetta, GA 30202</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>2001 Breckenridge Lane</b>
2.4 CITY-ST-ZIP	<b>Alpharetta, GA 30202</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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:       **REQUIRED**      DATE: **4/28/97**      DAYTIME PHONE #: **770/521-1016**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/96)