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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # \$44737

QUALITY CARE ASSURANCE, INC.

	F	ILED	
May	12	1997	8:00am
Sec	cret	ary of	State

Principal Place of Business	Mailing Address				II Jijik Birik Birik Birik B	1211 21111 1221
820 E PARK AVE 820 EAST PARK AVE						
STE E-200	STE 200E					
TALLAHASSEE FL 32301	TALLAHASSEE FL 32301-2	600				
US	US			3. Date Incorporated or Qualified	3a. Date of Las	
2. Principal Place of Business	2a. Mailing Address			04/11/1991 4. FEI Number	04/30/199	Applied For
21 Duality Care Assurance. Fre.	26 2001 breeken	ما مملأن	une	59-3089830	F+	Not Applicable
Suite, Apt. #, etc.	Suite, Apt #, etc.		7/12		60.7/	5 Additional
22 2001 Breckenridge Lane	27			5. Certificate of Status Desired	1241	Required
City & State	City & State			6. Election Campaign Financing	\$5.0	May Be
23. Alpharetta, beorgia	28 Alpharetta, 61			Trust Fund Contribution	☐ Adde	d to Fees
Zip Country	Zip 29 30202	Country		6. This corporation has liability for		rs. 199.032,
4 30702 [25] USA 9. Name and Address of Curr		30 USP	<u> </u>	Florida Statutes 10. Name and Address of New Re	Yes No	
	our negistarea Agent	B1	Name	To. Haine Blid Addiese Of Hen Fe	Alerated Whatir	
CHEREN, CONNIE E						
820 EAST PARK AVE STE 200-E		82 Street A		Address (P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32301		83			<u> </u>	
TALLATAGGEE PL 02501					······································	
A		84	City		FL 85 Z	ip Code
11. Pursuant to the previsions of Sections 607.0	502 and 607 1508. Florida Statute	as, the above	-named cor	rooration submits this statement for the		a its registered
 Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Sta agent Tampanghaywith, and accept the obl 	ate of Florida. Such change was a	uthorized by	the corpore	ation's board of directors. I hereby acce	pt the appointment	as registered
agent i amyanghaywith, and accept the obt	ilgations of, section 607.0505, Fig	moa platutes				
					مسترا مساولات	
	agent and title if anougable. (NOTE			uired when reinstating)	4128197 DATE	
le yaya, hamat of partied can eligi registered o	agent and title if applicable. (NOTE			uired when reinstating) ADDITIONS/CHANGES TO OFFI	4126/47 DATE CERS AND DIRECT	ORS IN 12
12. OFFICERS A		Registered Age			HIZO 197 DATE CERS AND DIRECT MCChange	
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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 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF DIRECTOR

4/28/47