

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S96758**

1. Corporation Name
PRIME QUALITY CARE, INC.

Principal Place of Business

15327 NW 60TH AVE
STE 215
MIAMI FL 33014
US

Mailing Address

15327 NW 60TH AVE
STE 215
MIAMI FL 33014
US

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90016 026 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/26/1991

4. FEI Number

65-0297214

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 **6001 N.W. 153 ST**

2a. Mailing Address

26 **6001 N.W. 153 ST**

Suite, Apt. #, etc.

22 **Suite 180**

Suite, Apt. #, etc.

27 **Suite 180**

City & State

23 **Miami, FL**

City & State

28 **Miami, FL**

Zip

24 **33014**

Country

25 **U.S.A**

Zip

29 **33014**

Country

30 **U.S.A**

9. Name and Address of Current Registered Agent

BARRON, CONCEPCION
15327 NW 60TH AVE
STE 215
MIAMI FL 33014

10. Name and Address of New Registered Agent

81 Name

Velasquez, Juan

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

6001 N.W. 153 ST

83

Suite 180

84 City

Miami

FL

85 Zip Code

33014

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/18/99

12. OFFICERS AND DIRECTORS

TITLE **DPTS** ☒ DELETE

NAME **BARRON, CONCEPCION**
STREET ADDRESS **15327 NW 60TH AVE #215**
CITY-ST-ZIP **MIAMI FL**

TITLE **VP** ☒ DELETE

NAME **BARRON, CONCEPCION**
STREET ADDRESS **15327 NW 60TH AVE #215**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

DPTS ☒ Change ☐ Addition

1.2 NAME

Velasquez, Juan

1.3 STREET ADDRESS

6001 N.W. 153 ST, Suite 180

1.4 CITY-ST-ZIP

Miami, FL 33014

2.1 TITLE

VP ☒ Change ☐ Addition

2.2 NAME

Velasquez, Juan

2.3 STREET ADDRESS

6001 N.W. 153 ST, Suite 180

2.4 CITY-ST-ZIP

Miami, FL 33014

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date Daytime Phone #

1/18/99

CR2E034 (11/98)